

FILED JUN 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18875**
2170

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Jackson County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>35 yrs.</u>		STREET ADDRESS (If rural, give location) <u>Muehlebach Hotel</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>MEORAH MEDICAL CENTER</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) _____ c. (Last) <u>OPPENHEIMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5 17 55</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-12-24 1873</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Pleasant Hill, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Abe Hess</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Levy</u>		14. NAME OF HUSBAND OR WIFE <u>Felix Oppenheimer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Paul B. Levy, Butler, Missouri</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Arterio Sclerosis (Heart Disease)</u>		MEDICAL CERTIFICATION <u>Arterio Sclerosis (Heart Disease)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>48</u> , to <u>May 17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 17</u> , 19 <u>55</u> , and that death occurred at <u>11:55 Am.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>Jack W. Wolf</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>415 E. 63 st. Kansas City, Mo</u>		23c. DATE SIGNED <u>5/18/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5/18/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sinai</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>		DATE REC'D BY LOCAL REG. <u>5-18-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u>		ADDRESS <u>K.C.MO.</u>			

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *F. S. Walker*.....

Licensed Embalmer No. *2744*

P. O. Address *Keeno*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.