

FILED OCT 27 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34252

State File No.

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 3051 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY <u>Perry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>	
b. CITY OR TOWN <u>Perryville</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Uniontown</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Perry County Memorial Hospital</u>			
e. STREET ADDRESS (If rural, give location)		0790	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Katherine</u>	b. (Middle) <u>Mae</u>	c. (Last) <u>Dopp</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 7, 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>September 17, 1955</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Patagould, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Oshia Dopp</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Mace</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>Oshia Dopp, Uniontown, Mo.</u>	ADDRESS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis of both lungs</u>	DUE TO (b) <u>Congenital malformation of defect of left diaphragm</u>		<u>20 da</u>
ANTECEDENT CAUSES (Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)	DUE TO (c) <u>with diaphragmatic hernia</u>		<u>70 da</u>
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death)			

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

19a. DATE OF OPERATION <u>6 Oct 55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Defect of 2/3 of left diaphragm with atonal, when & lives in edge of</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>7593</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 28 Nov 55, to 7 Oct 55, that I last saw the deceased alive on 7 Oct 55, and that death occurred at 10:18 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James Bredell MD</u>	23b. ADDRESS <u>Perryville, Mo</u>	23c. DATE SIGNED <u>8 Oct 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>October 9, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-9-55</u>	REGISTRAR'S SIGNATURE <u>Joseph Zoller</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>Albert Bey</u>	ADDRESS <u>Perryville, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 ^{not} embalmed by me;, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Albert Bey
Licensed Embalmer No.....

P. O. Address *Perryville*.....

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.