

Health,
Welfare
Public
Service

300
1-56

All
diseases in Part I must be
casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
26905

58753-57 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3677

| | | | | | | | | |
|--|----------------------------------|---|--|--|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN PRAIRIE VILLAGE | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL | | | Length of stay in lb 3 HOURS | | d. STREET ADDRESS (If outside, give location) 7305 NALL | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last GOPPERT | | | | 4. DATE OF DEATH Month Day Year AUGUST-20-1956 | | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH AUG-20-1956 | | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days Hours Min. 3 | IF UNDER 24 HRS. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT | | | 10b. KIND OF BUSINESS OR INDUSTRY --- | 11. BIRTHPLACE (City and state or country) KANSAS CITY MISSOURI | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13. FATHER'S NAME RICHARD D. GOPPERT | | | | 14. MOTHER'S MAIDEN NAME NANCY L. NELMS | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | | 16. SOCIAL SECURITY NO. NONE | 17. INFORMANT RICHARD D. GOPPERT | | Address 7305 NALL | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) atelectasis of lungs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) Prematurity 5 3/4 mo | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2-3 hrs 2-3 hrs 7625 | |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE | |
| 21. I attended the deceased from 8-20-56 to 8-20-56 and last saw her alive on 8-20-56 Death occurred at 10:19 P. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE John T. Skinner | | | | 22b. ADDRESS 1102 Grand Blvd | | 22c. DATE SIGNED 8-20-56 | | |
| 23g. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE AUG-22-1956 | 23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY | | 23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI | | (State) | |
| 24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS - KANSAS CITY MO. | | | | 25. DATE RECD. BY LOCAL REG. 8-22-56 | | 26. REGISTRAR'S SIGNATURE neva minabell | | |

(Licensed Embalmer's Statement on Reverse Side)

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 *Basil Honey*.....

Licensed Embalmer No. *47*

P. O. Address *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.