

FILED FEB 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1847
 Registrar's No. 30

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043

1. PLACE OF DEATH *Bevering Hospital*
 a. COUNTY *Marion*
 b. CITY (If outside corporate limits, write RURAL and give township) *Hannibal*
 c. LENGTH OF STAY (in this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION *Bevering Hospital*

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE *Mo* COUNTY *Marion*
 c. CITY (If outside corporate limits, write RURAL and give township) *Hannibal* 0644
 d. STREET ADDRESS (If rural, give location) *1704 E. Gordon St*

3. NAME OF DECEASED
 a. (First) *Beulah* b. (Middle) *Mary* c. (Last) *Tapley*
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
Jan 23 1951

5. SEX *F* 6. COLOR OR RACE *White* 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By date)
Widowed 8. DATE OF BIRTH *Dec 16, 1879* 9. AGE (In years last birthday) *71* IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) *Housekeeper* 10b. KIND OF BUSINESS OR INDUSTRY
 11. BIRTHPLACE (State or foreign country) *Florida Mo* 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME *Harvey Wilson* 13b. MOTHER'S MAIDEN NAME *Lottie Hall* 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mace Wilson Hannibal Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) *Artia Insufficiency*
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.
 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 NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from *Jan 13, 1951* to *Jan 23, 1951*, that I last saw the deceased alive on *Jan 23, 1951*, and that death occurred at *Jan 23, 1951*, from the causes and on the date stated above.

23a. SIGNATURE (Signature or title) *H. M. Tucker M.D.* 23b. ADDRESS *1217 Church St. Hannibal* 23c. DATE SIGNED *1/27/51*

24a. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24b. DATE *1-27-51* 24c. NAME OF CEMETERY OR CREMATORY *Baptist Cemetery Hannibal* 24d. LOCATION (City, town, or county) (State) *Mo*

DATE REC'D BY LOCAL REG. *1-27-51* REGISTRAR'S SIGNATURE *H. M. Tucker* 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
W. R. Seplura Hannibal, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 2 1951
HEALTH DEPT.
FEB 3 1951

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
Student Embalmer

Signed *W. R. Saphus*

Licensed Embalmer No. *3420*

P. O. Address *Hannibal Mo.*

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 this body is not embalmed, fact should be so stated above.