

FILED FEB 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5448

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 4352 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY OR TOWN <u>Versailles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Versailles, Mo.</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		d. STREET ADDRESS (If rural, give location) <u>N. Monroe St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>N. Monroe St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virginia</u> b. (Middle) <u>Letchworth</u> c. (Last) <u>Schaper</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 15, 1875</u>
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>3</u> Days <u>4</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Morgan, Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>J. C. Letchworth</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Brown</u>	14. NAME OF HUSBAND OR WIFE <u>W. J. Schaper</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (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>W. J. Schaper</u> ADDRESS <u>Versailles, Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease with decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>10 years</u> <u>15 years</u>			
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>January, 1951</u> , to <u>Feb. 19, 1951</u> , that I last saw the deceased alive on <u>Feb. 18, 1951</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Tach Gunn M.D.</u> (Degree or title)		23b. ADDRESS <u>Versailles, Mo.</u>	
23c. DATE SIGNED <u>2-20-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>21 Feb. 51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Versailles, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb 24 1951</u>		REGISTRAR'S SIGNATURE <u>J. L. Washburn, M.D.</u> ADDRESS <u>Versailles, Mo.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. K... ..</u>		ADDRESS <u>Versailles, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)
Per Vera O. Kibasse, etc.

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

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RECEIVED 2-26-57
DISTRICT HEALTH OFFICE No. 3
District File Number

Date Filed 2-26-57
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APR 1 1953

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 Raymond C. Foster

Licensed Embalmer No. 4626

P. O. Address Versailles, 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.