

FILED OCT 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29454

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 243

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 312 N. 8th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 312 N. 8th St.			

3. NAME OF DECEASED (Type or Print) a. (First) FLORENCE b. (Middle) EDNA c. (Last) RAPP			4. DATE OF DEATH (Month) (Day) (Year) Sept. 28, 1951		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 4, 1892		9. AGE (In years last birthday) 59		10. UNDER 1 YEAR Months 3 Days 24		11. UNDER 1 HR. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Benton, Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.			
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13a. FATHER'S NAME Frank Mason				13b. MOTHER'S MAIDEN NAME Margaret Alice Busch				14. NAME OF HUSBAND OR WIFE Thomas H. Rapp			
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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) No				16. SOCIAL SECURITY NO.				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thomas Rapp Jr., Columbia, Mo.			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxic adenoma of thyroid								INTERVAL BETWEEN ONSET AND DEATH 3 years	
		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. Hypertension Arteriosclerosis - fibrotic - failure								3 years	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 2521								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 March 30, 1948, to Sept 28, 1951, that I last saw the deceased alive on July 25, 1951, and that death occurred at 1:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE James W. Valle M.D.				23b. ADDRESS Columbia Mo				23c. DATE SIGNED 10-2-51			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 1, 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery				24d. LOCATION (City, town, or county) (State) Columbia, Missouri.			
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DATE REC'D BY LOCAL REG. Oct 3 1951		REGISTRAR'S SIGNATURE Mrs R E Palmer				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parker Funeral Service, Columbia, Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10-8-51

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 Clarence M. Bilko

Licensed Embalmer No. 4375

P. O. Address Columbia, 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.