

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34518

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 5884 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>OSAGE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>FREEBURG, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>FREEBURG - Rural - Washington</b>	
c. LENGTH OF STAY (In this place) <b>35 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>WASHINGTON TOWNSHIP</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WASHINGTON TOWNSHIP</b>		e. STREET ADDRESS (If rural, give location) <b>WASHINGTON TOWNSHIP</b>	

3. NAME OF DECEASED (Type or Print) <b>ROSE</b>			a. (First)		b. (Middle)		c. (Last) <b>TAPPEL</b>		4. DATE OF DEATH <b>OCT. 4, 1951</b>			
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>AUG. 30, 1887</b>		9. AGE (In years last birthday) <b>64</b>	10. MONTHS <b>1</b>	11. DAYS <b>4</b>	12. HOURS <b>4</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <b>RICHPOUNTIAN, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>MIKE HOFFMAN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>HERMAN TAPPEL</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Herman Tappel</b> ADDRESS <b>FREEBURG, MO.</b>	

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) <b>Uterointestinal</b>		DUPLICATE				<b>1-yr.</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <b>Carcinoma</b>			
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Chronic Gastritis</b>			
		II. OTHER SIGNIFICANT CONDITIONS		<b>Gen Metastasis</b>			
		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 <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 April 1951 to Oct 2, 1951 that I last saw the deceased alive on Oct 2, 1951, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>G. H. Bay</b> (Degree or title)		23b. ADDRESS <b>FREEBURG, MO.</b>		23c. DATE SIGNED <b>10/8/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 8, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HOLY FAMILY</b>	
				24d. LOCATION (City, town, or county) (State) <b>FREEBURG, MO.</b>	

DATE REC'D BY LOCAL REG. <b>Oct 9, 1951</b>		REGISTRAR'S SIGNATURE <b>Mrs. H. H. Massie</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Agnes M. Dulle</b> ADDRESS <b>J. C. MO.</b>	
---	--	--	--	---	--

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 14 1951

RECEIVED

---

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 \_\_\_\_\_

*Sylvester Dulle*

Licensed Embalmer No. 4321

P. O. Address \_\_\_\_\_

*Jefferson City, 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.