

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5821

FILED MAR 4 1952

BIRTH NO. _____ REG. DIST. NO. 285 PRIMARY REG. DIST. NO. 5808 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri		b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Bear Creek Twp. 3 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN High Hill (Rural) 0760			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) R.R. #1			
3. NAME OF DECEASED (Type or Print) George Rapp			4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1952		
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 1	8. DATE OF BIRTH Nov. 19, 1877	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 12 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Boonville, Mo. 0	
12. CITIZENRY OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME George Rapp		13b. MOTHER'S MAIDEN NAME Augusta Tempfil	
14. NAME OF HUSBAND OR WIFE Minnie E. Rapp		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'S SIGNATURE OR NAME Mrs. George Rapp, R.R. #1, High Hill, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism - Vein.</u> 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. _____	
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) High Hill - Montgomery Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	
22. I hereby certify that I knowed ^{visited} the deceased from 25 Feb 1952, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at 5 P. m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Clement W. Linnest</u>		(Degree or title) D.D.S. Local		23b. ADDRESS Montgomery City Mo	
23c. DATE SIGNED 25 Feb 52		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-28-52	
24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) Warrenton, Mo.		(State)	
DATE REC'D BY LOCAL REG. 2-28-52		REGISTRAR'S SIGNATURE Mrs. Mary Miller		25. FUNERAL DIRECTOR'S SIGNATURE F.W. Nieburg & Co., Warrenton, Mo.	
ADDRESS		ADDRESS		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

1700
1

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

John Sheberg

Licensed Embalmer No. 389

P. O. Address Warrenton, Or.

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.