

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1601

State File No. \_\_\_\_\_

115

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospt</u>		d. STREET ADDRESS (If rural, give location) <u>711 W 43st.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bert</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Reppert</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan.</u> <u>9</u> <u>1953</u>
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5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 18 1879</u>	9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR Months _____ IF UNDER 24 HRS. Days _____ Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Frisco Engineer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco Railway</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John Reppert</u>	13b. MOTHER'S MAIDEN NAME <u>Connell</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret Reppert Dec.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, (unknown)) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur L. Reppert</u> ADDRESS <u>Liberty MO.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTESTINAL OBSTRUCTION</u>		<u>3 wks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ABDOMINAL ABSCESS</u> DUE TO (c) <u>APPENDICITIS ; APPENDECTOMY</u>		<u>3 wks</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>HYPERTENSION</u>		<u>55N</u>	<u>1 mo.</u>

19a. DATE OF OPERATION <u>Dec 8th, 19th 1952</u>	19b. MAJOR FINDINGS OF OPERATION: <u>1) acute suppurative appendicitis</u> <u>2) intestinal obstruction</u> <u>3) strangulated intestinal obstruction</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 12-8, 1952 to 1-9, 1953, that I last saw the deceased alive on 1-9, 1953, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>James R. McVay</u> (Degree or title)	23b. ADDRESS <u>814 Porter Bldg.</u>	23c. DATE SIGNED <u>1-10-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City MO.</u>
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DATE REC'D BY LOCAL REG. <u>1-10-53</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine McClure</u> ADDRESS <u>K. C. MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. H. ...  
10/11/19...  
33 15000 ...  
CA. 5-8-01

**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 F. S. Walton

Licensed Embalmer No. 27445

P. O. Address 14 E 120

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.