

FILED FEB 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2989

318

REG. DIST. NO.

1003

Registrar's No.

1060

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1060

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN St. Louisc. LENGTH OF STAY (In this place)  
14 daysd. FULL NAME OF HOSPITAL OR INSTITUTION  
Christian Hospital 0

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Oklahoma

b. COUNTY

c. CITY OR TOWN Anadarko

d. Is Residence within limits of a city or incorporated town?  
Yes  No 

e. STREET ADDRESS

(If rural, give location)

Rural Route #4

83508

3. NAME OF DECEASED  
(Type or Print)

a. (First)

CORA

b. (Middle)

RAPP

c. (Last)

## 4. DATE OF DEATH

(Month) (Day) (Year)

Feb. 2, 1955

## 5. SEX

Female /

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

## 8. DATE OF BIRTH

Dec. 17, 1884

## 9. AGE (In years last birthday)

70

IF UNDER 1 YEAR Months Days

IF UNDER 48 HRS. Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and State or Foreign Country)

Lacyne, Kansas /

## 12. CITIZEN OF WHAT COUNTRY?

USA

## 13a. FATHER'S NAME

Thomas Manchester

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

John 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 ADDRESS

Mrs Howard Gamble, Florissant, 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.

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

## 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.

## MEDICAL CERTIFICATION

Pneumonia, Bronchial

Carcinoma of Breast

Old Coronary Disease

## INTERVAL BETWEEN ONSET AND DEATH

5 days

18 mos

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

YES  NO 

## 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  NOT WHILE AT WORK 

## 21f. HOW DID INJURY OCCUR?

170x

22. I hereby certify that I attended the deceased from 20 Jan, 1955, to 2 Feb, 1955, that I last saw the deceased alive on 2 Feb, 1955, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

## 23a. SIGNATURE (Degree or title)

Marion D. Bishop MD

## 23b. ADDRESS

751 1/2 Francois Florissant, Mo

## 23c. DATE SIGNED

3 Feb 1955

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 24b. DATE

2-6-55

## 24c. NAME OF CEMETERY OR CREMATORY

City Cemetery

## 24d. LOCATION (City, town, or county) (State)

Anadarko, Oklahoma

## DATE REC'D BY LOCAL REG.

FEB 4 1955

## REGISTRAR'S SIGNATURE

Carl Smith MD

## 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

WHITE CHAPEL, FERGUSON, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

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

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.....  
Signature of Student Embalmer

Signed *Eleana Province*.....

Licensed Embalmer No. *340*.....

P. O. Address *Jessing*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.