

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12774

State File No. ....

FILED APR 19 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 256 PRIMARY REG. DIST. NO. 5879 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>ASAGE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>ASAGE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-BENTON TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-BENTON TWP</u>	
c. LENGTH OF STAY (in this place) <u>17 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>4 mi. N.W. of HOPE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 mi. N.W. of HOPE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EARNEST</u> b. (Middle) <u>CHRISTIAN</u> c. (Last) <u>Tschappler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15-1955</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 1-1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Month <u>✓</u> Day <u>✓</u> Hours <u>✓</u> Min. <u>✓</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Stolpe Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
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13a. FATHER'S NAME <u>Samuel Tschappler</u>		13b. MOTHER'S MAIDEN NAME <u>EARNESTINA GNADT</u>		14. NAME OF HUSBAND OR WIFE <u>Rosa Tschappler</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theo White</u>		ADDRESS <u>RFD Freedom 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>Cerebral Thrombosis</u>		DUE TO (b) <u>Hypotension &amp; Arteriosclerosis</u>				<u>4 hours</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Bronchial &amp; Pharyngeal Flu.</u>				<u>2 weeks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cardio Renal Disease &amp; Dropsy</u>				<u>20 years</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>332 X</u>				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) m.		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 8-17-1951 to 4-15-1955, that I last saw the deceased alive on 4-15-1955, and that death occurred at 10:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. B. Farnsworth D.O.</u>		23b. ADDRESS <u>Chamois, Mo.</u>		23c. DATE SIGNED <u>4-16-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4/16/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. PETER'S CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>RFD Morrison Mo</u>	
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DATE REC'D BY LOCAL REG. <u>4-16-55</u>		REGISTRAR'S SIGNATURE <u>Anna Moran</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Negost Dennis Heenan</u>		ADDRESS <u>Mo</u>	
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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 .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 2160

P. O. Address Merivau Dr

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.