

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13121

State File No. 1641

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1641

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) 19 ANSAAS CITY		c. LENGTH OF STAY (in this place) 3 hrs	c. CITY OR TOWN CONCORDIA
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 3 1/2 MI. SOUTH OF CONCORDIA MO			
3. NAME OF DECEASED a. (First) Louis		b. (Middle) J.	c. (Last) BAEPLER
4. DATE OF DEATH April 16 1956			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 27 1892
9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 1 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) CONTRACTOR		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) CONCORDIA, MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME JOHN BAEPLER		13b. MOTHER'S MAIDEN NAME CHRISTINE WEIDENMEYER	14. NAME OF HUSBAND OR WIFE LOUISE BAEPLER
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. unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARLES F. BAEPLER CONCORDIA, 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) Congestive Heart Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Recent Myocardial Infarction DUE TO (c) Coronary Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Dialysis Mellitus	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH 8 weeks 8 weeks 10 to 15 yrs
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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) m.		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 5-16, 1955, to 4-16, 1956, that I last saw the deceased alive on 4/16, 1956, and that death occurred at 5 A. M., from the causes and on the date stated above.			
23a. SIGNATURE Frederick G. Gassmann (Degree or title)		23b. ADDRESS Concordia Mo.	23c. DATE SIGNED 4/16/56
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 4/16/56	24c. NAME OF CEMETERY OR CREMATORY ST. PAUL'S	24d. LOCATION (City, town, or county) (State) CONCORDIA MO
DATE REC'D BY LOCAL REG. 4-16-56		REGISTRAR'S SIGNATURE, neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. S. James Concordia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

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 *Chas E Wilks*

Licensed Embalmer No. *264*

P. O. Address *H. C. M.*

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.