

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025009

STATE FILE NUMBER

FILED JUL 29 1958

Registration District No. 82

Primary Registration District No. 5320

Registrar's No. 88

300

1-57

270
1

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Palestine Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Pilot Grove RFD.</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 Mi. So. Pilot Grove 50yr.</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>5 mi. So Pilot Grove</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>August</u> Middle Last <u>Rapp</u>			4. DATE OF DEATH Month <u>July</u> Day <u>21</u> Year <u>1958</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 7, 1890</u>	9. AGE (In years last birthday) <u>68</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and state or country) <u>Cooper County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>George Rapp</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Tempfel</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Rapp</u>	
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>490-42-8846</u>	17. INFORMANT <u>Walter Rapp Pilot Grove, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio-sclerotic heart disease</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } DUE TO (b) <u>Arterio sclerosis</u>					
DUE TO (c) <u>4200</u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <u>no attendance</u> and last saw her alive on _____ Death occurred at <u>about 1:30 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22. SIGNATURE <u>Dr. Deereages md</u> (Degree or title)			22b. ADDRESS <u>3</u>	22c. DATE SIGNED <u>7/23/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/23/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Boonville Missouri</u>
24. FUNERAL DIRECTOR <u>Hays-Painter Pilot Grove, Mo.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>7/23/58</u>	26. REGISTRAR'S SIGNATURE <u>Dr. Hooper</u>

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 *Rayton E. Hays*

Licensed Embalmer No. *3074*

P. O. Address *Pulot Grove*

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.