No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-043549
State File No.

FILED JAN 12 1959 REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 104

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsiorn Springs
c. LENGTH OF STAY (In this place): 4 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Excelsior Institute

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Clay
c. CITY OR TOWN: Excelsior Springs
d. Is Residence within limits of a city or incorporated town? Yes X No
e. STREET ADDRESS (If rural, give location): 312 West Broadway

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) E. c. (Last) Rapson
4. DATE OF DEATH: Dec. 10, 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 24, 1885
9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months 7 Days 16 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Masseur
10b. KIND OF BUSINESS OR INDUSTRY: XXX
11. BIRTHPLACE (City and State or Foreign Country): Palmira, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Emanuel Rapson
13b. MOTHER'S MAIDEN NAME: Elinor McGowan
14. NAME OF HUSBAND OR WIFE: Bessie May Rapson (deceas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO. 491-01-9184
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Hadley G. Kimes, ADDRESS: Ex. Spgs. MO.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: approx 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Accident.

DUE TO (c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331X
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1958, *to* Dec., 1958, *that I last saw the deceased alive on* 12/10 1958, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Fred B. Jones (Degree or title) DO
23b. ADDRESS: 1145 S. Main Ex. Spgs. Mo
23c. DATE SIGNED: 12/11/58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec. 12/58
24c. NAME OF CEMETERY OR CREMATORY: Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Excelsior Springs, MO.

DATE REC'D BY LOCAL REG. 12/29/58
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE: Hope Funeral Home, Virgil Hope ADDRESS: Ex. Spgs. MO.

(Licensed Embalmer's Statement on Reverse Side)

RECEIV
JAN 8
CLAY
HEALTH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Chas. Virgil Hope

Licensed Embalmer No. 395

P. O. Address Excelsior, S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.