URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-026558

STATE FILE NUMBER

FILED VS JUL 25 1960

ENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 789

1. PLACE OF DEATH
a. COUNTY Greene County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield
Length of stay in 1b 5 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge-Protestant Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lawrence Co.
c. CITY OR TOWN Marionville
Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 1
Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Alta Middle Lee Last Tappana

4. DATE OF DEATH Month July Day 18, Year 1960

5. SEX Female
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH March 2, 1885
9. AGE (last birthday) 75
IF UNDER 1 YEAR Months 4 Days 16
IF UNDER 24 HR 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
11. BIRTHPLACE (City and state or country) Lineville, Iowa
12. CITIZEN OF WHAT COUNTRY U S A

13a. FATHER'S NAME Jesse L. Hutchinson
13b. MOTHER'S MAIDEN NAME Lurinda I. Hughes
14. NAME OF HUSBAND OR WIFE Claude L. Tappana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT Wm. L. Tappana, R 1 Marionville Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Pulmonary Embolism	4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Diabetic Gangrene left leg	2 weeks
DUE TO (c)	Diabetes Mellitus	15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 14-1960, to July 18-1960 and last saw her/him alive on July 18-1960
Death occurred at 3:35 p. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Michael Relanke (Degree or title) MD
22b. ADDRESS 1636 S. Glenstone
22c. DATE SIGNED 7-20-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE July 20, 1960
23c. NAME OF CEMETERY OR CREMATORY Webb City, Cemetery
23d. LOCATION (City, town, or county) Webb City, Missouri. (State)

24. FUNERAL DIRECTOR J. B. Lunsford ADDRESS Marionville, Mo.
25. DATE RECD. BY LOCAL REG. 7-21-60
26. REGISTRAR'S SIGNATURE Effie S. Melton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 25 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed William A. Fulks

Signature of Student Embalmer

Licensed Embalmer No. 4658

P. O. Address Marionville

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