

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033132

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 305

STATE FILE NUMBER

FILED SEP 9 1963

VS 300
Rev. 4/59

1 0808
2 0080
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4 0
5 1
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12 1-2
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BENTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEDALIA		Length of stay in 1b 4 DAYS	c. CITY OR TOWN LINCOLN
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BOTHWELL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 11 Mi. S. Colo CAMP
3. NAME OF DECEASED (Type or print) WAYLAND VINSON RAPER		4. DATE OF DEATH Month SEPT. Day 7 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-22-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WELDER		10b. KIND OF BUSINESS OR INDUSTRY WELDING	9. AGE (last birthday) 64 YRS.
11. BIRTHPLACE (City and state or country) BEDFORD, IOWA		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME TINE RAPER		13b. MOTHER'S MAIDEN NAME FLOY REED	
14. NAME OF HUSBAND OR WIFE VELMA RAPER		17. INFORMANT Address VELMA RAPER, LINCOLN, MO. RT. 2	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) NO			
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) Medullary pneumonia			immediate
DUE TO (b) Cerebral thrombosis			2 days
DUE TO (c) Cerebro-vascular Accident			2 days
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 8-31-63 to 9-3-63 and last saw him alive on 9-3-63 Death occurred at 11:35 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John L. [Signature]</i>		22b. ADDRESS Colo Camp, Benton Co, Mo.	22c. DATE SIGNED 9-4-63
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-6-1963	23c. NAME OF CEMETERY OR CREMATORY Colo CAMP MEMORIAL	23d. LOCATION (City, town, or county) Colo CAMP, MO.
24. FUNERAL DIRECTOR CHARLES F. FOX Colo CAMP MO.		25. DATE RECD. BY LOCAL REG. Sept 4, 1963	26. REGISTRAR'S SIGNATURE <i>Francis Shelby [Signature]</i>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 19 1964

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 Charles F. Fal

Licensed Embalmer No. 4610

P. O. Address Pale Camp, Mo.

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.