No. 300
10.48

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

FILED SEP 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31085

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 320

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1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Elizabeth

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ralls 0170 1
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New London 1
d. STREET ADDRESS (If rural, give location): R R 2

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Joseph Arthur Tapley

4. DATE OF DEATH (Month) (Day) (Year): September 16, 1950

5. SEX: Male O
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 11, 1892
9. AGE (In years last birthday): 58 — If under 1 year: Months 2, Days 5 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ralls County Missouri O
12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Enoch A. Tapley
13b. MOTHER'S MAIDEN NAME: Francis Ann Dryden
14. NAME OF HUSBAND OR WIFE: Nellie Mae Tapley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 489 14 7757
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Roy Ross Hannibal Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of the prostate with metastatic to the lung
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
177X

19a. DATE OF OPERATION: 9-11-50
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the bladder Metastatic carcinoma to lumbar vertebrae
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* 8-27, 1950, *to* 9-16-50, 19____, *that I last saw the deceased alive on* 9-15-50, 19____, *and that death occurred at* 4 20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Hannibal Mo
23c. DATE SIGNED: Sept 18, 50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial O
24b. DATE: 9/18/50
24c. NAME OF CEMETERY OR CREMATORY: Flint Hill
24d. LOCATION (City, town, or county) (State): Ralls County Missouri

DATE REC'D BY LOCAL REG.: 9-19-50
REGISTRAR'S SIGNATURE: Dr. E.M. Lucke By W.C. Fisher
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Crawford Smith Crawford Smith

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 20 1950
MARION CO. HEALTH DEPT.
DATE FILED SEP 22 1950

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 .....
Student Embalmer

Signed John S. Ward

Licensed Embalmer No. 1540

P. O. Address Hannibal Missouri

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 this body is not embalmed, fact should be so stated above.