

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10299

FILED DEC 27 1950

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 8020 Registrar's No. 174

362
0

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

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) Washington		c. CITY (If outside corporate limits, write RURAL and give township) Gerald	
c. LENGTH OF STAY (In this place) 3 days		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			
3. NAME OF DECEASED (Type or Print) BENJAMIN TAPPMAYER		4. DATE OF DEATH (Month) (Day) (Year) 12 9 1950	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3-8-1876
9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 9 Days 7	IF UNDER 24 HRS. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Business		10b. KIND OF BUSINESS OR INDUSTRY Insurance	
11. BIRTHPLACE (State or foreign country) Baytown		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Frederick Tappmayer		13b. MOTHER'S MAIDEN NAME Wilhelmina Meyer	
14. NAME OF HUSBAND OR WIFE LIDA-WINTERS deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Ruth Farrar		ADDRESS Gerald	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Coronary Artery Disease	
		DUE TO (c)	
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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from 11-16-1950 to 12-9-1950 , that I last saw the deceased alive on 12-9-1950 and that death occurred at 3 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. A. Schmitt M.D.		23b. ADDRESS Gerald	
23c. DATE SIGNED 12-9-50			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 12-11-50	
24c. NAME OF CEMETERY OR CREMATORY Queensville		24d. LOCATION (City, town, or county) (State) Queensville Mo	
DATE REC'D BY LOCAL REG. Dec. 9, 1950		REGISTRAR'S SIGNATURE 99	
FUNERAL DIRECTOR'S SIGNATURE E. Meyer		ADDRESS Gerald Mo	

RECEIVED
DEC 16 1950
DISTRICT HEALTH OFFICE No. 4
File No.

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 Stanley E. Meyer

Licensed Embalmer No. 4639

P. O. Address Gerald, 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 this body is not embalmed, fact should be so stated above.