

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2139

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 3055 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Polk</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Polk</u>	
b. CITY OR TOWN <u>Baliviar</u>		c. CITY OR TOWN <u>Baliviar</u>	
c. LENGTH OF STAY (In this place) <u>79 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>403 E. Oliver St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 E. Oliver St</u>		d. STREET ADDRESS (If rural, give location) <u>403 E. Oliver St</u>	
3. NAME OF DECEASED a. (First) <u>Lea</u> b. (Middle) <u>Lappin</u> c. (Last) <u>Lappin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1951</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Aug 3 1866</u>
9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Florida</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Emmie Pruitt</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Edward M. Lappin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Lappin</u> ADDRESS <u>Baliviar Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atherosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 or 10 yrs</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Acute bronchitis</u> <u>4500</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>1925</u> to <u>1948</u> , 1927, that I last saw the deceased alive on <u>Feb 19, 1951</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. H. D. Does...</u> (Degree by title)		23b. ADDRESS <u>Baliviar Mo</u>	23c. DATE SIGNED _____
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Interred</u>	24b. DATE <u>Feb. 4, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Baliviar Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb. 3, 1951</u>	REGISTRAR'S SIGNATURE <u>Ralph Gordon</u>	258 FUNERAL DIRECTOR'S SIGNATURE <u>J. Gordon</u> ADDRESS <u>Blue Baliviar Mo</u>	

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

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DIVISION OF HEALTH NO.
District No. 6 - Springfield

RECEIVED FEB 17 1951

Dist. File 257-333

Date Filed 2-8-51

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4654

P. O. Address Bolivar, Md

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.