

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11249**

FILED MAR 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **6112** Registrar's No. **9**

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHAFFEE</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHAFFEE 1000</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RFD #1</b>		d. STREET ADDRESS (If rural, give location) <b>RFD #1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ALBERT</b> b. (Middle) <b>J</b> c. (Last) <b>LAPE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>March 6 '51</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG 24-1879</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>12</b>	IF UNDER 12 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>ALLEYVILLE MO</b>		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <b>WILLIAM LAPE</b>		13b. MOTHER'S MAIDEN NAME <b>CATHERINE NO RECORD MABEL LAPE</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Odo Lape Chaffee Mo</b>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Central hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>  <b>33ix</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>pericardial stroke</b>		
	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 <b>none</b>	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) <b>none</b> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>none</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm Davault MD</b> (Degree or title)	23b. ADDRESS <b>Delta mo</b>	23c. DATE SIGNED <b>March 7 '51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>MAR 8-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FAIRVIEW CEM. ABBOTT MO</b>	24d. LOCATION (City, town, or county) (State) <b>MO</b>
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DATE REC'D BY LOCAL REG. <b>March 8-51</b>	REGISTRAR'S SIGNATURE <b>Thos Fred Buehling</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thos Fred Buehling Chaffee Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 9 1951

RECEIVED  
SCOTT COUNTY HEALTH CENT  
CO. FILE NO. 351-68

**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.

Signed.....

*C. J. Loberg*

..... Licensed Embalmer No. 3810

Signed.....  
Student Embalmer

P. O. Address Cape Girardeau, 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.