

S. No. 300
V. 10.48

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13160

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BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4275 Registrar's No. 29

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| 1. PLACE OF DEATH a. COUNTY Lawrence | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lawrence | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville | c. LENGTH OF STAY (In this place) 5 years | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marionville | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) 0 | |

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|-------------------------------------|---------------------------|--------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) William | b. (Middle) Lewis | c. (Last) Tappe | 4. DATE OF DEATH (Month) (Day) (Year) April 6, 1951 |
|-------------------------------------|---------------------------|--------------------------|------------------------|--|

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|--------------------|-------------------------------|---|--------------------------------------|---|--------------------------------|-------------------------------|-----------------------------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 5, 1877 | 9. AGE (In years) last birthday 74 | # UNDER 1 YEAR Months 3 | # UNDER 1 YEAR Hours 1 | # UNDER 1 YEAR Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|--------------------------------|-------------------------------|-----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired worker | 10b. KIND OF BUSINESS OR INDUSTRY Ford Motor Co. | 11. BIRTHPLACE (State or foreign country) King City, Mo. | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
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| 13a. FATHER'S NAME Lewis Washington Tappe | 13b. MOTHER'S MAIDEN NAME Mary Ellen Hickman | 14. NAME OF HUSBAND OR WIFE Gerturde Tappe |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. 372-01-5509 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Gerturde Tappe, Marionville Mo |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 27 February, 1951 2 mos. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, lobar | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rhinitis chronic DUE TO (c) Excessive fatigue | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Coronary Infarct, old | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 490x | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 **27 February, 1951**, to **April 5, 1951**, that I last saw the deceased alive on **27 February, 1951**, and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) P. W. Kenney M.D. | 23b. ADDRESS Marionville, Mo. | 23c. DATE SIGNED April 5 |
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|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Apr. 10, 1951 | 24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery | 24d. LOCATION (City, town, or county) (State) Marionville, Mo. |
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| DATE REC'D BY LOCAL REG. Apr. 8-51 | REGISTRAR'S SIGNATURE Ora Mc Natto | 157 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. B. Swinidge Marionville, Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED APR 17 1951

Dist. File 457-831

Date Filed 4-18-51

AUG 13 1951

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.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Herman Lurridge

Licensed Embalmer No. 3072

P. O. Address Marionville 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.