

FILED MAY 16 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 16117

| | | | | |
|---|---------------------------|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>116</u> | PRIMARY REG. DIST. NO. <u>3020</u> | Registrar's No. <u>74</u> |
| 1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WASHINGTON</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW HAVEN RURAL BOBUE</u> | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSPITAL</u> | | d. STREET ADDRESS (If rural, give location) <u>0360</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> | | b. (Middle) <u>J</u> | c. (Last) <u>KAPPELMANN</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-9-51</u> |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED NEVER MARRIED, WIDOWED DIVIDED (Specify) <u>1</u> | 8. DATE OF BIRTH <u>MAY 6 1873</u> | 9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>8</u> IF UNDER 4 HRS. Hours <u>3</u> Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FARMER</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>NEAR NEW HAVEN MO</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | | | |
| 13a. FATHER'S NAME <u>FRANK KAPPELMANN</u> | | 13b. MOTHER'S MAIDEN NAME <u>MARY DEPPERMAN</u> | | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Oscar Kerschman</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>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid 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>Osteoarthritis and Nephritis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>26 days</u> <u>Do not know</u> |
| 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) <u>491X</u> |
| 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>Jan 13, 1941</u> to <u>May 9, 1951</u> , that I last saw the deceased alive on <u>May 9, 1951</u> , and that death occurred at <u>10:40</u> a.m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>L. S. Eisenmann M.D.</u> (Degree or title) | | 23b. ADDRESS <u>New Haven Mo.</u> | | 23c. DATE SIGNED <u>5/9/51</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>5-10-51</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>BREUF LUTHERAN</u> | 24d. LOCATION (City, town, or county) (State) <u>NEAR NEW HAVEN MO</u> |
| DATE REC'D BY LOCAL REG. <u>May 19 1951</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. EMERALD DIRECTOR'S SIGNATURE ADDRESS <u>L. C. Bergeron</u> <u>New Haven Mo</u> |

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 14 1951

RECEIVED

MAY 19 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed: *Earl Pestig*

Licensed Embalmer No. *3385*

P. O. Address: *New Haven 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.