

No. 300
10. 48

FILED MAR 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4565
State File No.

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5435 Registrar's No. 2

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

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boeuf Twp.</u>		c. LENGTH OF STAY (in this place) <u>33 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Boeuf Twp. 0374</u>		d. STREET ADDRESS (If rural, give location) <u>Drake, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Drake, Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>Drake, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nathan</u> b. (Middle) <u>Tappmeyer</u> c. (Last) <u>Tappmeyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9 1952</u>		
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5. SEX <u>0</u> <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 22, 1878</u>	9. AGE (in years last birthday) <u>74</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>near Drake, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>F. W. Tappmeyer</u>	13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Mayers</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Brandt Tappmeyer</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>496-30-1850</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Tappmeyer</u>	ADDRESS <u>Owensville, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>on arteriosclerotic basis causing terminal decompensation</u>		
	DUE TO (c) <u>Chronic cholecystitis</u>		5 yrs.
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 <u>422d</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 Aug. 3, 1951, to 1-22, 1952, that I last saw the deceased alive on 1-21, 1952, and that death occurred at 2:30a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Renee Brown, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Owensville, Mo.</u>	23c. DATE SIGNED <u>2-12-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-12-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zoar Methodist Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>near Drake, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/12/52</u>	REGISTRAR'S SIGNATURE <u>W. H. Winter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Winter</u>	ADDRESS <u>OWENSVILLE MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Myford H. H. White

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE 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.