

APR 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7983**

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY FRANKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHINGTON Mo 1362	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL		d. STREET ADDRESS (If rural, give location) 700 JAMES ST. 0	
3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) H. c. (Last) KAPPELMANN		4. DATE OF DEATH (Month) (Day) (Year) 4 11 52	
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 0	8. DATE OF BIRTH Aug 7, 1869 82
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 82 If UNDER 1 YEAR: Months 8 Day 7 If UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) NEW HAVEN Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME FRANK KAPPELMANN 13b. MOTHER'S MAIDEN NAME MISS HORSTMANN 14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Walter J. Hise 700 James St Washington Mo ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebrovascular hemorrhage DUE TO (c) Arterio-sclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none 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) (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 12 Mar, 1952 , to 11 Apr, 1952 , that I last saw the deceased alive on 11 Apr, 1952 , and that death occurred at 9:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE R. J. Bozzo, M.D. (Degree or title)		23b. ADDRESS Washington Mo	
23c. DATE SIGNED 11 Apr 52		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 4-14-52		24c. NAME OF CEMETERY OR CREMATORY BOEUF LUTH. CEM. NEAR NEW HAVEN Mo	
24d. LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. April 12, 1952 REGISTRAR'S SIGNATURE F. P. Hudman by L. P. Hudman 99-0	
25. FUNERAL DIRECTOR'S SIGNATURE L. G. Fertig, Son New Haven Mo ADDRESS		(Licensed Embalmer's Statement on Reverse Side)	

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

362
0

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.....

Earl Hertig

Signed.....

Student Embalmer

Licensed Embalmer No.....

3385

P. O. Address.....

Yucleaven Ma

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.