

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15278**

FILED MAY 7- 1952

BIRTH NO. _____ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **6107** Registrar's No. **3**

0990

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

1. PLACE OF DEATH a. COUNTY Scottsbluff			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE Iowa b. COUNTY Webster		
b. CITY (If outside corporate limits, write RURAL and give township) Tranger Rural 4 Days		c. LENGTH OF STAY (in the place)	c. CITY (If outside corporate limits, write RURAL and give township) Fort Dodge 8140		TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 309 So. 4th St		
3. NAME OF DECEASED (Type or Print) a. (First) Friend Edward		b. (Middle)	c. (Last) Tapp	4. DATE OF DEATH (Month) (Day) (Year) May 5-52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 8-1935	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 4 HRS. Hours	IF UNDER 4 HRS. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fort Dodge Ia		12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME F. A. Tapp	
13b. MOTHER'S MAIDEN NAME Rowena Joretta		14. NAME OF HUSBAND OR WIFE Ed Tapp Single		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME F. A. Tapp			
17. ADDRESS Fort Dodge Ia		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Drowning			
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning					
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc.—It means the disease, injury, or complication which caused death. 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. E 9121 3					
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) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Scottsbluff Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 5 1952 8 P.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Struck under tractor in water of ditch. Drowning. Cause death.	
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 8 P. m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) L. E. Lowe		23b. ADDRESS Do. 2 Memphis Mo		23c. DATE SIGNED 5/6/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May 7-52	24c. NAME OF CEMETERY OR CREMATORY North Lawn	24d. LOCATION (City, town, or county) (State) Fort Dodge Iowa	
DATE REC'D BY LOCAL REG. 5/6/52		REGISTRAR'S SIGNATURE Vera Turner		25. FUNERAL DIRECTOR'S SIGNATURE Gerth	
		ADDRESS 474 Gerth		ADDRESS 112 S. 1st Memphis	

MAR 7 1953

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 Albert B Genth

Licensed Embalmer No. 4257

P. O. Address Memphis

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.