

FILED JUL 8 1952

STANDARD CERTIFICATE OF DEATH

21015

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>Laclede</u> ?		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lebanon</u> <u>0530</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 3</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lydia</u> b. (Middle) _____ c. (Last) <u>Kapp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 18 1952</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 11 1870</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 MRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (State or foreign country) <u>Mt. Vernon, N. York</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Andrew Kapp</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Katts</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) <u>No.</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C.R. Jamison Lebanon MO.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malnutrition</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> ANTECEDENT CAUSES Morbidity 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.	
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)	
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 <u>6-16, 1952</u> to <u>6-18, 1952</u> that I last saw the deceased alive on <u>6-17, 1952</u> , and that death occurred at <u>12.30 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Carrington, M.D.</u> (Degree or title)		23b. ADDRESS <u>Lebanon, MO.</u>	23c. DATE SIGNED <u>6-20-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 19 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lebanon Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lebanon, MO.</u>
DATE REC'D BY LOCAL REG. <u>6-20-1952</u>	REGISTRAR'S SIGNATURE <u>Hilla L. Mayo</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lebanon mo</u>	

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

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Received JUN 28 1952
Laclede County Health Unit
File No. 6-52-80
Date Filed JUL 7 1952

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.....

A. R. Palmer

Signed.....
Student Embalmer

Licensed Embalmer No. 2208

P. O. Address..... *Union, 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.