.S. No. 300
ev. 10.46

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

FILED FEB 3 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

961

State File No.

BIRTH NO. REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 5428 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gerald, Mo. R. 2 Boone
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Boone
d. STREET ADDRESS (If rural, give location): Gerald, Mo. R 2

3. NAME OF DECEASED (Type or Print)
a. (First): August
b. (Middle): Henry
c. (Last): Kappelman

4. DATE OF DEATH (Month) (Day) (Year): Jan 27, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 9, 1869
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 4, Days 18 — IF UNDER 24 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: Farm
11. BIRTHPLACE (State or foreign country): Champion City, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Kappelmann
13b. MOTHER'S MAIDEN NAME: Carolina Brinkmann
14. NAME OF HUSBAND OR WIFE: Ida Kappelmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Fred Kappelman, Gerald, 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): Cerebral Arterial Sclerosis
INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arterial Sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
334X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1950, *to* Jan 27, 1953, *that I last saw the deceased alive on* Jan 10, 1953 *and that death occurred at* 10:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas A. Schum D.V.M.
23b. ADDRESS: Gerald Mo
23c. DATE SIGNED: 1-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 30, 1953
24c. NAME OF CEMETERY OR CREMATORY: St. Pauls Cem.
24d. LOCATION (City, town, or county) (State): Gerald Mo

DATE REC'D BY LOCAL REG.: 1-26-53
REGISTRAR'S SIGNATURE: G. L. Matthews
25. FUNERAL DIRECTOR'S SIGNATURE: Ernest L. Ottsman
ADDRESS: Gerald Mo

(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.....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Ernst R. Ottmann

Licensed Embalmer No. 4054

P. O. Address Gerald 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.