

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2598**

FILED JAN 22 1953

BIRTH NO. _____ REG. DIST. NO. **290** PRIMARY REG. DIST. NO. **5983** Registrar's No. **10**

850
1

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

1. PLACE OF DEATH a. COUNTY MILLASHI		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE MO b. COUNTY MILLASHI	
b. CITY OR TOWN RICHLAND		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICHLAND MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hanna Stuyt		d. STREET ADDRESS (If rural, give location) Liberty Township	

3. NAME OF DECEASED a. (First) William b. (Middle) Kappenburg c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) 1-14-53		
--	--	--	---	--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never	8. DATE OF BIRTH Oct 9-1878	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 5	IF UNDER 1 MIN. Hours _____	IF UNDER 1 MIN. Min. _____
--------------------	-------------------------------	---	------------------------------------	---	---------------------------------	--------------------------------	-----------------------------	----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Agm	10b. KIND OF BUSINESS OR INDUSTRY Former	11. BIRTHPLACE (State or foreign country) Germany	12. CITIZEN OF WHAT COUNTRY? U.S.
--	---	--	--

13a. FATHER'S NAME Henry Kappenburg	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Single
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME George Chere	ADDRESS Richland Mo
---	-----------------------------------	---	----------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 min
	ANTECEDENT CAUSES MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis		
	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) 4201 (COUNTY) _____ (STATE) _____
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **Jan 14**, 19**53** and that death occurred at **8:30 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Levin J. Myers (Degree or title) D.O.	23b. ADDRESS Richland Mo	23c. DATE SIGNED Jan 15-53
--	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, OR DISPOSAL (Specify) 15016	24b. DATE 1/14/53	24c. NAME OF CEMETERY OR CREMATORY Dakhan Cemetery	24d. LOCATION (City, town, or county) (State) Richland MO
--	--------------------------	---	--

DATE REC'D BY LOCAL REG. 1-16-53	REGISTRAR'S SIGNATURE Paula Grace Anderson	458	25. FUNERAL DIRECTOR'S SIGNATURE R B Deeper	ADDRESS Richland
---	---	-----	--	-------------------------

(Licensed Embalmer's Statement on Reverse Side)

MAR 10 1953

RECEIVED 1-16-53
Pulaski County Health Officer
File Number
Date Filed 1-17-53

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 Ewell C Craig

Signed.....
Student Embalmer

Licensed Embalmer No. 4766

P. O. Address Richland

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.