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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 13 1953

State File No. 20545

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6254 Registrar's No. 8

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coldwater
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: Mo
b. COUNTY: St. Louis
c. CITY (If outside corporate limits, write RURAL and give township): St. Louis 2199
d. STREET ADDRESS (If rural, give location): 4047 Westminster Pl.

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) Charles c. (Last) Lape
4. DATE OF DEATH (Month) (Day) (Year): June 9 53
5. SEX: M
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 7, 1926
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months 6, Days 2 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter
10b. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (City and State or Foreign Country): Hot Springs Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Thomas J. Lape
13b. MOTHER'S MAIDEN NAME: Helen Maggart
14. NAME OF HUSBAND OR WIFE: Christeen Lape
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 495-22-4143
17. INFORMANT'S SIGNATURE OR NAME: Patrick Lape — ADDRESS: Marion Ohio

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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.

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Coldwater Mo.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Coldwater Mo. Wayne Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 9 53 3:p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car accident

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 3:00 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Marvin E. Bowles (Degree or title): Coroner
23b. ADDRESS: Piedmont, Mo
23c. DATE SIGNED: 6/9/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/9/53
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): —

DATE REC'D BY LOCAL REG.: June 9-53
REGISTRAR'S SIGNATURE: Mabel Beasley 341-0
25. FUNERAL DIRECTOR'S SIGNATURE: Marvin E. Bowles
ADDRESS: Piedmont

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 2 2 1953
WAYNE CO. HEALTH CENTER
FILE No. 653.26

MAR 24 1955

JUN 30 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 Me, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. #426

P. O. Address Piedmont, 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.