

STANDARD CERTIFICATE OF DEATH

State File No. 30094

FILED DEC 2 - 1953 BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 329

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 25 yrs	c. CITY OR TOWN Jefferson City
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Lava		b. (Middle) V.	c. (Last) Tapp
4. DATE OF DEATH (Month) (Day) (Year) Nov. 28, 1953			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Divorced	8. DATE OF BIRTH Aug. 2, 1878
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 3	IF UNDER 1 Wk. Days 25	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Lathrop, mo.
12. CITIZEN OF WHAT COUNTRY U. S. A.			
13a. FATHER'S NAME Monroe Greason		13b. MOTHER'S MAIDEN NAME Mildred Smith	14. NAME OF HUSBAND OR WIFE Oliver J. Tapp
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Joseph Nacy
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, asthma, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis Cordis - Vasculor Disease 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 4221	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)	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 Nov. 2, 1953, to Nov. 25, 1953, that I last saw the deceased alive on Nov. 25, 1953, and that death occurred at 6:30 P. M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) L. B. Klehla M.D.		23b. ADDRESS Jefferson City, Mo.	23c. DATE SIGNED 11-29-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 30/53	24c. NAME OF CEMETERY OR CREMATORY Riverview	24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.
DATE REC'D BY LOCAL REG. Nov. 30-53	REGISTRAR'S SIGNATURE R. P. Harris M.D.	25. FUNERAL DIRECTOR'S SIGNATURE Lynette D. Dulle J. M.	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 14 1954

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.....
Signature of Student Embalmer

Signed.....
Sylvester Delle

Licensed Embalmer No. *4321*
P. O. Address.....
Jefferson

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.