

FILED OCT 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34360

State File No.

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3137 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY OR TOWN Webb City	d. Is Residence within limits of a city or incorporated town? Yes No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 60 Yrs.		e. STREET ADDRESS (If rural, give location) 804 N. Madison St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jane Chinn Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Effie	b. (Middle) Maude	c. (Last) Tappana	4. DATE OF DEATH (Month) (Day) (Year) Oct. 19, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 0 Days 2	IF UNDER 1 HR. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Vinita, Okla.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME No Data	13b. MOTHER'S MAIDEN NAME No Data	14. NAME OF HUSBAND OR WIFE Leslie V. Tappana
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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.	17. INFORMANT'S SIGNATURE OR NAME Leslie V. Tappana ADDRESS 804 N. Madison St. Webb City, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis		1 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Massive Intraventricular Cerebral Hemorrhage & Thrombotic Encephalomalacia DUE TO (c) Atherosclerosis		2 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Atherosclerosis	1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 10-22, 1954, to 10-19, 1954, that I last saw the deceased alive on 10-18, 1954, and that death occurred at 4:40A m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) D.O.	23b. ADDRESS Webb City, Mo.	23c. DATE SIGNED 10-19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-20-54	24c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery	24d. LOCATION (City, town, or county) (State) Oronogo, Mo.
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DATE REC'D BY LOCAL REG. 10-20-54	REGISTRAR'S SIGNATURE 47470 Mrs. Madeline Surtz	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Johnston-Arnce-Simpson, Webb City, Mo. Mortuary
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(Licensed Embalmer's Statement on Reverse Side)

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

County of the State of New York
Date Filed **OCT 25 1954**

VS AUG 16 1950

NOV 27 1950

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 *Jack C Simpson*

Licensed Embalmer No. *444*

P. O. Address *Webb City*

**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.**