

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34414**

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u> Registrar's No. <u>L31</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (If in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg, Missouri</u>		0512
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>420 N. Holden St., Residence</u>			d. STREET ADDRESS (If rural, give location) <u>420 N. Holden St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLIVER</u>		b. (Middle) <u>J.</u>	c. (Last) <u>TAPP</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 2, 1954</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 29, 1877</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auctioneer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Auction Business</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clay County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Tapp</u>		13b. MOTHER'S MAIDEN NAME <u>Willie Tracy</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie E. Tapp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mattie E. Tapp, Warrensburg, Missouri</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)					
MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pernitous Aenemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Several Months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
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) (COUNTY) (STATE)		2900
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?		
22. I hereby certify that I attended the deceased from <u>9-19-</u> , 19 <u>54</u> , to <u>10-2-54</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10-2</u> , 19 <u>54</u> , and that death occurred at <u>8:00</u> p.m., from the causes and on the date stated above.					
23a. SIGNATURE <u>James R. Peltier</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Warrensburg, Missouri</u>	23c. DATE SIGNED <u>10-5-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-5-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 5, 1954</u>	REGISTRAR'S SIGNATURE <u>Savannah Cutchfield</u>		147	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. A. Braunterger, Warrensburg, Missouri</u>	

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

No. *Wittness*

RECEIVED
OCT 11 1954
MISSOURI STATE BOARD OF HEALTH
WARRENSBURG COUNTY HEALTH DEPT

OCT 26 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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *J. A. B. Saunders*

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Missouri

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.