

FILED NOV 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34465

State File No. _____

0542
0

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3036 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Napoleon, Missouri.</u> <u>0540</u>	
c. LENGTH OF STAY (in this place) <u>17 days</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles east of Napoleon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>		e. FULL NAME OF HOSPITAL OR INSTITUTION _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>O.</u> c. (Last) <u>Schlapper</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>September 30, 1954</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 18, 1881</u>
9. AGE (In years last birthday) <u>73</u>	10. MONTHS <u>6</u>	11. DAYS <u>13</u>	12. HOURS <u>13</u> MIN. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Napoleon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>C.W. Oberhelman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fuhr</u>	
14. NAME OF HUSBAND OR WIFE <u>Louis Schlapper</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alfred Oberhelman</u> ADDRESS <u>Napoleon, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma</u>			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) <u>Carcinoma of uterus</u>			_____
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) _____ (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 <u>4-21-1954</u> , to <u>9-30-1954</u> , that I last saw the deceased alive on <u>9-30-1954</u> , and that death occurred at <u>8:25 A.M.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joe W. Ward</u>		23b. ADDRESS <u>Lexington, Mo</u>	
23c. DATE SIGNED <u>11-4-54</u>		_____	
24a. BURIAL, CREMATION, REBURYAL (Specify) <u>Burial</u>		24b. DATE <u>October 3, 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Evangelical</u>		24d. LOCATION (City, town, or county) (State) <u>Napoleon, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-6-54</u>		REGISTRAR'S SIGNATURE <u>Missouri Eastabird Forest T. Pennington</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____		ADDRESS _____	

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

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
Student Embalmer

Signed *Geo. W. Myers*

Licensed Embalmer No. 2983

P. O. Address *Stuyvesant, Michigan*

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.