

FILED SEP 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26770

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Warrensburg,		c. LENGTH OF STAY (In this place) 8 yrs.	c. CITY OR TOWN Warrensburg,
d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 05120	
3. NAME OF DECEASED (Type or Print) a. (First) MATTIE		b. (Middle) E.	c. (Last) TAPP
4. DATE OF DEATH August 28th, 1955		4. DATE (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 3rd, 1873
9. AGE (In years last birthday) 81		10. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and State or Foreign Country) Ray County, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Jacob B. Bollinger,		13b. MOTHER'S MAIDEN NAME Clemency E. Blain	14. NAME OF HUSBAND OR WIFE Oliver J. Tapp
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. P. J. Bollinger, ADDRESS Excelsior Springs, Mo.
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. AUTOPSY?	
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) (Minute)	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 8-1- , 19 55 , to 8-28- , 19 55 , that I last saw the deceased alive on 8-28- , 19 55 , and that death occurred at 7:30P m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Keith D. Jones M.D.		23b. ADDRESS Warrensburg, Missouri	23c. DATE SIGNED 8-29-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-31-1955	24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery,	24d. LOCATION (City, town, or county) (State) Excelsior Springs, Missouri
DATE REC'D BY LOCAL REG. Aug. 30, 1955	REGISTRAR'S SIGNATURE Savannah Cutchfield	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS R. A. Brawinger, Warrensburg, Missouri.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
SEP 6 1955
JOHNSON COUNTY HEALTH DEPT.

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 *R. B. Brannigan*

Licensed Embalmer No. 332

P. O. Address *Warrens*

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.