No. 300
10.48

FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8137

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 401

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. JOSEPH
c. LENGTH OF STAY (in this place): 30 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY OSTEOPATHIC HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: KANSAS
b. COUNTY: DONIPHAN
c. CITY OR TOWN: ~~XXXXXXX~~ TROY
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R.R.#2, 815 10 8

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): --
c. (Last): LAIPPLE

4. DATE OF DEATH (Month) (Day) (Year): APRIL 7, 1956

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: MARCH 13, 1866
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and State or Foreign Country): DONIPHAN COUNTY, KANSAS
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: GODFRED MOSKAU
13b. MOTHER'S MAIDEN NAME: PAULINE SIMMONS
14. NAME OF HUSBAND OR WIFE: CHARLES LAIPPLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: WALTHER LAIPPLE - WATHENA, KANSAS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture left femur — 10 days
DUE TO (c) Open Operation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
9040
21

19a. DATE OF OPERATION: March 27-56
19b. MAJOR FINDINGS OF OPERATION: Spiral fracture junction upper & middle 1/3 femur
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Troy Doniphan Kansas
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 7, 1956 ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: fell in home

22. *I hereby certify that I attended the deceased from* March 7, 1956, *to* April 7, 1956, *that I last saw the deceased alive on* April 7, 1956, *and that death occurred at* 11:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ralph Blair D.O.
23b. ADDRESS: Troy Kansas
23c. DATE SIGNED: 4/6/56

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: APR. 7 & 1956
24c. NAME OF CEMETERY OR CREMATORY: BELLEMONT CEMETERY
24d. LOCATION (City, town, or county) (State): WATHENA, KANSAS

DATE REC'D BY LOCAL REG.: April 12, 1956
REGISTRAR'S SIGNATURE: Esther M. Allison
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Charles M. Harman — HARMAN FUNERAL HOME - WATHENA, KANSAS

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANS.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.