

FILED MAY 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15345

State File No.

| | | | | | | | | |
|--|--|--|--|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>360</u> | | PRIMARY REG. DIST. NO. <u>6225</u> | | Registrar's No. <u>32</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Vernon</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> | | c. LENGTH OF STAY (in this place) <u>WASHINGTON</u> | | c. CITY OR TOWN <u>Nevada</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>State Hospital # 3</u> | | | | • STREET ADDRESS (If rural, give location) <u>602 East Ashland</u> | | | | |
| 3. NAME OF DECEASED a. (First) <u>Keziah</u> b. (Middle) <u>-</u> c. (Last) <u>Rapp</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 12, 1956</u> | | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH <u>June 27, 1861</u> | | |
| 9. AGE (In years last birthday) <u>94 yrs</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Leonard Batts</u> | | 13b. MOTHER'S MAIDEN NAME <u>Anna Cornelious</u> | | 14. NAME OF HUSBAND OR WIFE <u>John Rapp</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>4500</u> | | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen-Arteriosclerosis</u> DUE TO (c) <u>Psychosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1.5 yrs</u> <u>10 yrs</u> <u>10 yrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 19c. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input 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>March 1, 1956</u> , to <u>May 12, 1956</u> , that I last saw the deceased alive on <u>May 11, 1956</u> , and that death occurred at <u>6:30 A.M.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>William C. Bradshaw</u> | | | | 23b. ADDRESS <u>State Hospital # 3, Nevada, Mo</u> | | 23c. DATE SIGNED <u>5-12-56</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>5/14/56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Olive Branch Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Miles, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>5-12-1956</u> | | REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ferry Funeral Home, Nevada, Mo</u> | | | | |

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.....
Signature of Student Embalmer

Signed..... *L. Anglen Ferry*

Licensed Embalmer No... *49*

P. O. Address... *Nevada*

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.