

FILED OCT 11 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32304

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 420

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Blue Springs</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Independence</b>			Length of stay in lb <b>3 hours</b>		d. STREET (If outside, give location) ADDRESS <b>Lake Tapawingo</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Sanitarium Opal</b>				Middle <b>C.</b>		Last <b>Schlapper</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>26,</b> Year <b>1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>May 29, 1908</b>		9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Jeweler</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Jewelry</b>		11. BIRTHPLACE (City and state or country) <b>Salisbury, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>		
13. FATHER'S NAME <b>Frank Dodge</b>				14. MOTHER'S MAIDEN NAME <b>Mary Sullivan</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>495-07-4443</b>		17. INFORMANT Address <b>Blue Springs, Lake Tapiwingo, Mo.</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fractured skull + injuries</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Subdural hemorrhage</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>8164</b>								INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Truck collision</b>						
20c. TIME OF INJURY Hour <b>8:00</b> a. m. Month <b>9-26-57</b> Day Year									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION <b>Jackson</b> COUNTY STATE					
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Paul Keally, M.D.</i> (Degree or title)				22b. ADDRESS <b>6627 Park St. Sec 5</b>				22c. DATE SIGNED <b>9-26-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Sept. 29, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lee's Summit Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Lee's Summit, Missouri</b>				
24. FUNERAL DIRECTOR <b>Langsford Funeral Home</b> <b>Lee's Summit, Missouri</b>				25. DATE RECD. BY LOCAL REG. <b>9-28-57</b>		26. REGISTRAR'S SIGNATURE <i>James S. [Signature]</i>			

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VS. NOV 16 1957

JUN 3 0 1958

VS. MAY 19 1957

APR 2 1958

OCT 1 1957

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 *N. B. Langford* ..... Licensed Embalmer No. *419*

P. O. Address *Leeds*

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