FILED OCT 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34543
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sikeston — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. Delta Comm. Hosp. — Length of stay in Ib: 3 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Scott
c. CITY OR TOWN: Sikeston — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Box 465 — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Charles Middle: Edward Last: Raper

4. DATE OF DEATH Month: 9 Day: 28 Year: 57

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 9 - 15 - 1921 **9. AGE** (In years last birthday): 36 IF UNDER 1 YEAR: Months: 0 Days: 13 IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Boyce City, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Odis Raper (Dec.)
14. MOTHER'S MAIDEN NAME: Sarah Hall

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 486-28-6066
17. INFORMANT: Boyd Raper Address: Sikeston, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) INTERCAPILLARY GLOMERULOSCLEROSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) HYPERTENSIVE CARD.-VASC. DIS. — 1 yr.
DUE TO (c) DIABETES MELLITUS — 15 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 260X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED - WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Febr. 1957 to 9.28.57 and last saw alive on 9.28.57
Death occurred at 8:20 p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Carl G. Popp M.D.
22b. ADDRESS: Sikeston, Missouri
22c. DATE SIGNED: 9-29-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-30-57
23c. NAME OF CEMETERY OR CREMATORY: Garden of Memories
23d. LOCATION (City, town, or county) (State): Sikeston, Missouri

24. FUNERAL DIRECTOR: Philip J. Cassidy
ADDRESS: Nunnelee Funeral Chapel 9-30-57 Sikeston, Mo.
25. DATE RECD. BY LOCAL REG.: 9-30-57
26. REGISTRAR'S SIGNATURE: Wreedla Hunter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED OCT 7 1957
SCOTT CO. HEALTH DEPT.
CO. FILE No. 1957-210

OCT 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

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

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Philip J. Cassidy

Licensed Embalmer No. 4

P. O. Address Sikeston

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.