

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37065**

FILED OCT 16 1957

BIRTH NO. _____ REG. DIST. NO. **311** PRIMARY REG. DIST. NO. **4456** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY St Clair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Bates	
b. CITY OR TOWN Appleton City	c. LENGTH OF STAY (In this place) 1 Day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rockville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Elett Memorial Hospital		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print) Edward J. Rapp	a. (First) _____ b. (Middle) _____ c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) Oct. - 8 - 1957
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr - 16 - 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Bates County	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George Rapp	13b. MOTHER'S MAIDEN NAME Magdalena Johannes	14. NAME OF HUSBAND OR WIFE Ethel Rapp
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Ethel Rapp, Rockville, Mo.	ADDRESS _____
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 36 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Condition(s) contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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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? _____
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22. I hereby certify that I attended the deceased from **26 Sept, 1957**, to **Oct 8, 1957**, that I last saw the deceased alive on **Oct 8, 1957**, and that death occurred at **6:00 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Robert H. Brownberger MD	(Degree or title) _____	23b. ADDRESS Appleton City, Mo.	23c. DATE SIGNED 10 Oct. 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct-10-1957	24c. NAME OF CEMETERY OR CREMATORY Meyer Cemetery	24d. LOCATION (City, town, or county) (State) Eight Miles S.W. Appleton City, Mo.
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DATE REC'D BY LOCAL REG. Oct. 10, 1957	REGISTRAR'S SIGNATURE Oleo Abney	25. FUNERAL DIRECTOR'S SIGNATURE Melvin L. Janssen	ADDRESS Appleton City
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

2850

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Melvin L. Janssens

Signed.....
Student Embalmer

Licensed Embalmer No. 4529

P. O. Address Appleton City

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 this body is not embalmed, fact should be so stated above.