

FILED NOV 27 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39516

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 22

|   |  |  |  |   |  |   |  |
|---|--|--|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Cape Girardeau</b>  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>                |  |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Jackson</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         |  | c. CITY<br>OR<br>TOWN <b>Jackson</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>125 W. Mary</b>  |  |  |  | Length of stay in lb<br><b>21 Yrs.</b>  |  | d. STREET ADDRESS (If outside, give location)<br><b>125 W. Mary</b>                               |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Cooper</b> Middle <b>E.</b> Last <b>Lape</b>  |  |  |  | 4. DATE OF DEATH<br>Month <b>Nov.</b> Day <b>12,</b> Year <b>1957</b>   |  |   |  |
| 5. SEX <b>Male</b>  |  | 6. COLOR OR RACE <b>White</b>  |  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><b>Sept. 26, 1893</b>   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Owner</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Liquor Store</b>                                     |  | 11. BIRTHPLACE (City and state or country)<br><b>Jackson, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |  |
| 13. FATHER'S NAME<br><b>Daniel Lape</b>   |  |  |  | 14. MOTHER'S MAIDEN NAME<br><b>Alice Lewis</b>  |  |   |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)<br><b>Yes</b>  |  | 16. SOCIAL SECURITY NO.<br><b>unk</b>  |  | 17. INFORMANT<br><b>Mrs. Mary Lape</b>  |  | Address<br><b>Jackson, Mo.</b>  |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>   |  |  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>5 days</b>   |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUPLICATE TO (b) <b>Coronary Artery Thrombosis</b>  |  |  |  |   |  | <b>5 days</b>   |  |
| DUPLICATE TO (c) <b>Arteriosclerosis</b>  |  |  |  |   |  | <b>10 yrs.</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)<br><b>Diabetes mellitus</b>   |  |  |  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 20a. ACCIDENT <input 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.) |  |   |  |   |  |
| 20c. TIME OF INJURY<br>Hour <b>1:55 P</b> Month <b>May</b> Day <b>1952</b> Year <b>1952</b>   |  |  |  |   |  |   |  |
| 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.)    |  | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE  |  |
| 21. I attended the deceased from <b>May 1952</b> to <b>Nov 12, 1957</b> and last saw him alive on <b>Nov 12, 1957</b><br>Death occurred at <b>7:55 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |  |  |   |  |   |  |
| 22a. SIGNATURE<br><b>J. N. Jaeger, M.D.</b>   |  |  |  | 22b. ADDRESS<br><b>Jackson, Mo</b>  |  | 22c. DATE SIGNED<br><b>Nov. 14, 1957</b>  |  |
| 23a. BURIAL, CREMATION, REBURY (Specify)  |  | 23b. DATE<br><b>Nov. 14, 1957</b>  |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Russell Heights</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Jackson Mo.</b>                               |  |
| 24. FUNERAL DIRECTOR<br><b>J. C. Crum</b>   |  | ADDRESS<br><b>Jackson, Mo.</b>   |  | 25. DATE RECD. BY LOCAL REG.<br><b>11-19-1957</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>(O. C. Summers)</b>   |  |

APR 15 1963

DEC 2 1957

FEB 28 1962

FEB 10 1958

SEP 10 1962

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 *Gene C. Crawford*.....

Licensed Embalmer No. *432*

P. O. Address *Jackson, TN*

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.