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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020133
STATE FILE NUMBER

FILED JUN 5 1959 Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: Stoddard
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Bell City R. #1 — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Pike Twp. — Length of stay in 1b: .3

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Stoddard
c. CITY OR TOWN: Bell City — Inside Limits: Yes ☒ No ☒
d. STREET ADDRESS (If outside, give location): 103 — Reside on Farm: Yes ☒ No ☒

3. NAME OF DECEASED (Type or print): First: Fritz Middle: Raymond Last: Lape

4. DATE OF DEATH: Month: April Day: 17 Year: 1959

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

8. DATE OF BIRTH: Sept. 6, 1908 **9. AGE** (In years last birthday): 50 — IF UNDER 1 YEAR: Months: 7 Days: 11 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming **10b. KIND OF BUSINESS OR INDUSTRY**: Farmer

11. BIRTHPLACE (City and state or country): Stoddard County, Missouri **12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

13a. FATHER'S NAME: Cooper Lape **13b. MOTHER'S MAIDEN NAME**: Ida McKinney **14. NAME OF HUSBAND OR WIFE**: Inez Weaver Lape

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.**: 491 36 4429 **17. INFORMANT**: Inez Weaver Lape, Address: Bell City, Mo.

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): Crushed chest and severe internal injuries — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):
DUE TO (c): 9121
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 3

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☒ **SUICIDE** ☐ **HOMICIDE** ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Was killed when he started up an incline out of a ditch and his tractor flipped back on him.
20c. TIME OF INJURY Hour: 3:30 p.m. Month, Day, Year: 4-17-59
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.): Farm
20f. CITY, TOWN, OR LOCATION 103 **COUNTY**: Bell City Rfd. 1 Stoddard **STATE**: Missouri

21. I attended the deceased from ---, to --- and last saw him alive on ---
Death occurred at 3:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Mark Watkins (Degree or title): Coroner 3
22b. ADDRESS: Dexter, Missouri
22c. DATE SIGNED: 4-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 4/19/59
23c. NAME OF CEMETERY OR CREMATORY: Morgan Memorial Park
23d. LOCATION (City, town, or county) (State): Advance, Missouri

24. FUNERAL DIRECTOR: W. H. Morgan **ADDRESS**: Advance, Mo.
25. DATE RECD. BY LOCAL REG.: 4/25/59
26. REGISTRAR'S SIGNATURE: Bernice Moore

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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 Wm H Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, N

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.