

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040854

FILED VS. NOV 30 1959 179

Primary Registration District No. 5674

Registrar's No. 109

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Lincoln</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Snow Hill Tnshp.</u>		Length of stay in lb <u>6 mOs.</u>		c. CITY OR TOWN <u>Snow Hill Tnshp.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln County</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Lincoln County</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Mary Sue Willis Kappel</u>				4. DATE OF DEATH Month Day Year <u>Nov. 20 1959</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9/8/1941</u>	9. AGE (last birthday) <u>18</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>O'Brien Co., Tenn.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Floyd Willis</u>			13b. MOTHER'S MAIDEN NAME <u>Kathaleen Ward</u>			14. NAME OF HUSBAND OR WIFE <u>Leroy Albert Kappel</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT Address <u>Travis Shelby, Jr. East Prarie</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Multipule Gunshot Wounds of left Breast, Left Side of Neck, & left side of face. 4-.38Cal. 13 22 Cal.</u> DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <u>Coroner's Jury Verdict</u>							INTERVAL BETWEEN ONSET AND DEATH <u>22 Cal.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Homicide, by means of .22 cal. & .38 Cal</u>				
20c. TIME OF INJURY <u>4:30 p.m.</u>	Month, Day, Year <u>11/20/59</u>		20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>			20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Snow Hill Tnshp., Lincoln, Mo.</u>			
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>J. H. Marsh Sr. CORONER</u>				22b. ADDRESS <u>Troy, Missouri</u>			22c. DATE SIGNED <u>11/23/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11/21/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>East Prarie Cem.</u>		23d. LOCATION (City, town, or county) (State) <u>East Prarie, Mo.</u>			
24. FUNERAL DIRECTOR <u>Travis Shelby, Jr. East Prarie, Mo</u>				25. DATE RECD. BY LOCAL REG. <u>11-23-59</u>		26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Frank Shelby Jr.

Licensed Embalmer No. 14940

P. O. Address Cent P. O.

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