

FILED VS DEC 28 1959

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

'59 043281

STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 87

V. S. 300
 Rev. 1-57

1. PLACE OF DEATH a. COUNTY BARTON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARTON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LAMAR		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LAMAR		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 802 BROADWAY		Length of stay in lb 5 YRS	d. STREET ADDRESS (If outside, give location) 802 BROADWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM FRANCIS RAPER			4. DATE OF DEATH Month Day Year DEC 14 1959		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 18 1886	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 73 Months 8 Days 36 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	11. BIRTHPLACE (City and state or country) LOVINGTON ILL.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME NOAH E RAPER		13b. MOTHER'S MAIDEN NAME SARAH E NEWLAND		14. NAME OF HUSBAND OR WIFE LOTTIE V. RAPER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 489-44-2652A		17. INFORMANT Address LOTTIE V. RAPER 802 BROADWAY LAMAR MO	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion DUE TO (b) arteriosclerotic heart disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus					INTERVAL BETWEEN ONSET AND DEATH sudden death same time
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 Hour _____ a.m. _____ p.m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT <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 Sept 2, 1959 , to Dec. 14, 59 and last saw him alive on Dec. 14, 1959 Death occurred at 445 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Doctor or title) Dr. T. Bichel, M.D.			22b. ADDRESS Lamar, Missouri		22c. DATE SIGNED 12/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE DEC 16 1959	23c. NAME OF CEMETERY OR CREMATORY SHELDON CEMETERY		23d. LOCATION (City, town, or county) (State) VERNON CO. MO
24. FUNERAL DIRECTOR ADDRESS BEENEY FUNERAL HOME SHELDON MO.		25. DATE RECD. BY LOCAL REG. DEC 22 59		26. REGISTRAR'S SIGNATURE Marie Konantz	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
 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.

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MAY 3 1963

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 *L. Bernard Buemy*

Licensed Embalmer No. *4161*

P. O. Address *Heldenville*

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.