

I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-015439

FILED VS. MAY 5 1960

149 Primary Registration District No. 1002 Registrar's No. 2119

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Randolph	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 4 DAYS	c. CITY OR TOWN MOBERLY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORAH HOSP.		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 510 VINCIL Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MARGARET I KAPPLER	4. DATE OF DEATH Month Day Year APRIL 15, 1960
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH APRIL 8, 1893	9. AGE (last birthday) 67 yrs.	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WABASH EMPLOYEES HOSP.	10b. KIND OF BUSINESS OR INDUSTRY PARSONS KANSAS	11. BIRTHPLACE (City and state or country) PARSONS KANSAS	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME TANDY JONES	13b. MOTHER'S MAIDEN NAME MARGARET E. COX	14. NAME OF HUSBAND OR WIFE L. E. KAPPLER
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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. UNKNOWN	17. INFORMANT Address CARL KAPPLER MOBERLY MO.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary embolism DUE TO (b) thrombophlebitis right leg DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 10 minutes 4 years
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 checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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 MOBERLY MO.	COUNTY	STATE
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21. I attended the deceased from 11 April 60 10:40 A to 13 April 60 and last saw her 15 April 60 live on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Print name or title) Stanley L. Goldman MD	22b. ADDRESS 751 E 63 Kansas City Mo	22c. DATE SIGNED 4/15/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE APRIL 15, 1960	23c. NAME OF CEMETERY OR CREMATORY ST. MARY'S CEM	23d. LOCATION (City, town, or county) MOBERLY MO.	(State)
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24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS KC. MO.	25. DATE RECD. BY LOCAL REG. 4-15-60	26. REGISTRAR'S SIGNATURE neva minshall
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Stanley L. Goldman

STATEMENT BY LICENSED EMBALMER

MAY 10 1960

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 Marvin D. Preston

Licensed Embalmer No. 5040

P. O. Address Kansas 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above. C I :