

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 3 1960

=60-027378

STATE FILE NUMBER

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 123

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City		Length of stay in 1b 75 yrs	c. CITY OR TOWN Webb City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jane Chinn Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 804 N. Madison St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Leslie Middle V. Last Tappana			4. DATE OF DEATH July 28, 1960 Month July Day 28 Year 1960		
5. SEX Male	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 2-26-1879	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months 5 Days 2 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Granby, Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Charles Tappana	13b. MOTHER'S MAIDEN NAME Mary Zeigler	14. NAME OF HUSBAND OR WIFE
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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.	17. INFORMANT Vernon Tappana Address 1426 Nelson St. Webb City, 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) Acute Circulatory Collapse		INTERVAL BETWEEN ONSET AND DEATH 1 minute 3 weeks 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Toxemia	
	DUE TO (c) Bayon Rt Foot	

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
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19. WAS AUTOPSY PERFORMED? 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

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 Webb City COUNTY Webb STATE Missouri
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21. I attended the deceased from 1-30-60 to 7-28-60 and last saw him alive on 7-28-60
 Death occurred at 4:05 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. F. Gregory (Degree or title) D.O.	22b. ADDRESS Webb City, Missouri	22c. DATE SIGNED 7-29-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-30-60	23c. NAME OF CEMETERY OR CREMATORY Oronogo Cemetery	23d. LOCATION (City, town, or county) (State) Oronogo, Missouri
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24. FUNERAL DIRECTOR Johnston-Simpson ADDRESS Webb City, Mo.	25. DATE RECD. BY LOCAL REG. 7-30-60	26. REGISTRAR'S SIGNATURE Mrs. Madeline Surtz
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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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Jack C. Simpson

Licensed Embalmer No. 464

P. O. Address Webb 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.