

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026298

STATE FILE NUMBER

AMENDED

Registration District No. 292 Primary Registration District No. Registrar's No.

FILED JUL 20 1961

1. PLACE OF DEATH a. COUNTY <b>Ralls.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Ralls.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>RFD Center, Mo.</b>		Length of stay in 1b <b>13Yrs</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Jasper Township</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>PHILLIP RAY TAPLEY</b>		4. DATE OF DEATH Month Day Year <b>June 22, 1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-14-1948</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>School</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>	
13a. FATHER'S NAME <b>Clark W. Tapley.</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia Ruth Anderson.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Clark W. Tapley. Center, Mo.</b>		14. NAME OF HUSBAND OR WIFE <b>Single.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Drowned.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Accidentally fell in pond</b> DUE TO (c) <b>Epilepsy.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>due to epilepsy.</b>			
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 SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Accidentally fell in pond while fishing</b>		20c. TIME OF INJURY Hour Month, Day, Year <b>due to epilepsy.</b>	
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.) <b>Farm Pond.</b>	
20f. CITY, TOWN, OR LOCATION <b>Jasper Township. Ralls County, Mo.</b>		20g. STATE <b>Mo.</b>	
21. I attended the deceased from <b>No Medical attention.</b> and last saw her/him alive on _____ Death occurred at <b>7:30.</b> P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Clydes W. Wigg.</b>		22b. ADDRESS <b>Perry, Mo. Ralls County.</b>	
22c. DATE SIGNED <b>6-23-61</b>		22d. DATE SIGNED	
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>2-23-61</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Olivet Cemetery.</b>		23d. LOCATION (City, town, or county) (State) <b>Center, Mo.</b>	
24. FUNERAL DIRECTOR <b>Clydes W. Wigg.</b>		25. DATE RECD. BY LOCAL REG. <b>6-23-1961</b>	
26. REGISTRAR'S SIGNATURE <b>Clydes W. Wigg.</b>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*Clydes. Wiley*

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri

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.