MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-033845
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

15117
25117 2
3
4 1
5 2
6
7 1
8 2
9/57X
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12 1-2
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1040

FILED SEP 17 1962

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. JOSEPH — Length of stay in 1b: 42 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: GENERAL HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: BUCHANAN
c. CITY OR TOWN: ST. JOSEPH — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1103 CHURCH — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First IDA Middle M Last RAPPELYE
4. DATE OF DEATH: Month SEPTEMBER Day 11, Year 1962
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: MAY 9, 1878
9. AGE (last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and state or country): WATHENA, KANSAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: PETER A. MANVILLE
13b. MOTHER'S MAIDEN NAME: PHILLIPA AMELIA MILLER
14. NAME OF HUSBAND OR WIFE: WILLIAM RAPPELYE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -
17. INFORMANT: MRS. ALFRED EMBERY Address: WATHENA, KAN.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Anoxemia	5 Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Secondary Anemia	3 Months
DUE TO (c)	Cancer of Pancreas	Unknown

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. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 WORK ☐ NOT WHILE AT WORK ☐
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 February 14, 1962, to September 11, 1962 and last saw her/him alive on September 11, 1962
Death occurred at 8:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): H. N. Toepen M.D.
22b. ADDRESS: 1201 Jule Street
22c. DATE SIGNED: 9-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: SEPT. 14, 1962
23c. NAME OF CEMETERY OR CREMATORY: NATIONAL CEMETERY
23d. LOCATION (City, town, or county) (State): ST. LEAVENWORTH KANSAS

24. FUNERAL DIRECTOR: HARMAN FUNERAL HOME ADDRESS: WATHENA, KANSAS
25. DATE RECD. BY LOCAL REG.: Sept 14, 1962
26. REGISTRAR'S SIGNATURE: Mrs. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 9/14/62

SEP 18 1962

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 Charles M. Zimman

Licensed Embalmer No. 4487

P. O. Address Wathena, Ks

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.