

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34773

State File No. \_\_\_\_\_

Registration District No. 73 **NOV 15 1940**

Primary Registration District No. 3006

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Bosco  
(b) City or town Columbia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: University Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 64 days (Specify whether  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT

FULL NAME Virginia Apel

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 3 1940  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
2 20 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Higbee Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Apel  
13. Birthplace Armstrong Missouri  
(City, town or county) (State or foreign country)  
14. Maiden name Olivia Phyllis Annet  
15. Birthplace Higbee Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Apel

(b) Address Higbee, Missouri

17. (a) Burial (b) Date thereof Oct. 23/1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higbee, Mo

18. (a) Signature of funeral director C. L. Feland

(b) Address Higbee, Mo

19. (a) 10/22/40 (b) Allie Selby  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph  
(c) City or town Higbee (Rural)  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR 5 (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22  
year 1940 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from Oct 15  
\_\_\_\_\_, 1940 to Oct 22, 1940  
that I last saw him alive on Oct 21, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 74  
(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature R. D. Bullington (M. D. or other) 1  
Address 412 1/2 E. Broadway Date signed 10/22

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**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.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**