FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 29 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20586

Registration District No. 326 | Primary Registration District No. 6075 | Registrar's No. 199

1. PLACE OF DEATH:
(a) County: St. Francois
(b) City or town: Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri State Hospital No. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 yrs. 7 mos. 16 das.
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot
(c) City or town: Caruthersville RURAL
(If outside city or town limits, write "RURAL")
(d) Street No.: R. F. D. 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: ANNIE NICHOLS APPELL
3. (b) If veteran, name war: None
3. (c) Social Security No.: Unknown
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Unknown
6. (b) Name of husband or wife: Sam B. Appell
6. (c) Age of husband or wife if alive: Unknown years
7. Birth date of deceased: November (Month) 10 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
47	7	3	hr. min.

9. Birthplace: Pemiscot County, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Parker Nichols
13. Birthplace: Unknown (City, town, or county) Tennessee (State or foreign country)
MOTHER
14. Maiden name: Ella Cassidy
15. Birthplace: Unknown (City, town, or county) Indiana (State or foreign country)
16. (a) Informant: Records, State Hospital No. 4
(b) Address: Farmington, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-15-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Caruthersville, Mo.
18. (a) Signature of funeral director: La Forge Und. Co.
(b) Address: Caruthersville, Missouri
19. (a) 6-23-48 (Date received local registrar) (b) Esther Rudolph (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13 year 1948 hour 9 minute 00 A.M.
21. I hereby certify that I attended the deceased from June 12, 1948, 19..., to June 13, 1948, 19...; that I last saw her alive on June 13, 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Coronary Thrombosis	24 hr.
Due to: Coronary Sclerosis	long
Due to:	
Other conditions: C.N.S. Syphilis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 30c
Of autopsy: No Autopsy.

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: X

23. Signature: John A. Brenna M.D. (M. D. or other) 6/21/48
Address: State Hosp #4, Farmington, Mo. Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 4

District File Number 648-827

Date Filed 6-28-48

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington Mo.

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, fact should be so stated above.