

1942

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 1 1949

BIRTH NO. _____ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 5809 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Florence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN New Florence	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home			

3. NAME OF DECEASED (Type or Print) Callie	a. (First)	b. (Middle) D.	c. (Last) Appling	4. DATE OF DEATH (Month) (Day) (Year) Jan 7 th 1949
--	------------	--------------------------	-----------------------------	---

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH July 6-1878	9. AGE (In years last birthday) 70	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
--------------------	------------------------------	--	--	---	-----------------------	---------------------	----------------------	---------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) New Florence Mo	12. CITIZEN OF WHAT COUNTRY? U S A
--	-----------------------------------	---	--

13a. FATHER'S NAME D. D. Robertson	13b. MOTHER'S MAIDEN NAME Catherine Loyd	14. NAME OF HUSBAND OR WIFE David Appling
--	--	---

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. no	17. INFORMANT'S SIGNATURE OR NAME David Appling	ADDRESS New Florence Mo
---	--------------------------------------	---	-----------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Malnutrition, myocardial degeneration & decompensation, Senility		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
---	--	---------------------------

22. I hereby certify that I attended the deceased from Jan. 16, 1945, to Jan. 7, 1949, that I last saw the deceased alive on Jan. 7, 1949, and that death occurred at 12:25 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>C. H. Thompson</i>	(Degree or title) D. O. New Florence, Mo.	23b. ADDRESS	23c. DATE SIGNED 1-8-49
---	---	--------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE I-9-49	24c. NAME OF CEMETERY OR CREMATORY New Florence Cem.	24d. LOCATION (City, town, or county) (State) I mile west New Florence
--	----------------------------	--	--

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>James C. Helm</i>	25. FUNERAL DIRECTOR'S SIGNATURE G. W. Hopkins	ADDRESS Montgomery City Mo.
--------------------------	---	--	---------------------------------------

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

VS APR 22 1960

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, on the 7 th day of Jan 1949

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

C. W. Hopkins

Signed C. W. Hopkins

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.