

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3965**
Registrar's No. **15**

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

BIRTH NO. _____		REG. DIST. NO. 11		PRIMARY REG. DIST. NO. 5043		Registrar's No. 15			
1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry					
b. CITY OR TOWN Seligman		c. LENGTH OF STAY (in this place) 60 yrs		c. CITY OR TOWN Seligman					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) Howard			b. (Middle) Calvin			c. (Last) Apples			
4. DATE OF DEATH (Month) (Day) (Year) 2 / 27 / 49		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married			
8. DATE OF BIRTH May 1, 1886		9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Benton Co., Ark /			
12. CITIZEN OF WHAT COUNTRY? U. S.			13a. FATHER'S NAME George T. Apples		13b. MOTHER'S MAIDEN NAME Cynthia Roller		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Blanche Haneke, Seligman, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sepsis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Virus Pneumonia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hepatitis 492X						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		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) Seligman, Barry Mo.					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 2/23 1949 to 2/27 1949 , that I last saw the deceased alive on 2/27 1949 and that death occurred at 10:30 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE H. W. Edwards				23b. ADDRESS Seligman		23c. DATE SIGNED 3/2/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE _____		24c. NAME OF CEMETERY OR CREMATORY Seligman		24d. LOCATION (City, town, or county) (State) Seligman, Mo.			
DATE REC'D BY LOCAL REG. March 5-49		REGISTRAR'S SIGNATURE Grace Williams		25. FUNERAL DIRECTOR'S SIGNATURE Noon Funeral Home Cassville, Mo.		ADDRESS _____			

RECEIVED
District Health Officer No. 63
District File Number 349-288
Date Filed 2-8-49

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
Student Embalmer

Signed W. C. Keon.....

Licensed Embalmer No. 4359.....

P. O. Address Cassville, 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.