

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4263

BIRTH NO.		REG. DIST. NO. <u>56</u>		PRIMARY REG. DIST. NO. <u>5197</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>			
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural" Sugartree Twp</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural" Sugartree Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9 mi. S.W. of Carrollton</u>				d. STREET ADDRESS (If rural, give location) <u>9 mi. S.W. of Carrollton</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>IDA</u> b. (Middle) <u>AMANDA</u> c. (Last) <u>APPLEBURY</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 7 1949</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov 8, 1883</u>	
9. AGE (In years last birthday) <u>65</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>James Turner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Chessman</u>		14. NAME OF HUSBAND OR WIFE <u>Claud Applebury</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Claud Applebury</u>		ADDRESS <u>Carrollton, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of stomach, uterus, and rectum secondary to cancer of left kidney</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Cancer as above</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>180X</u>			
19a. DATE OF OPERATION <u>6/7/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of left kidney</u>				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) (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 <u>7/15</u> , 19 <u>48</u> , to <u>3/7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3/6</u> , 19 <u>49</u> , and that death occurred at <u>2:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Doc James</u>				23b. ADDRESS <u>Waverly Mo</u>		23c. DATE SIGNED <u>3/9/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Low Gap Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Carroll Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR-9-1949</u>		REGISTRAR'S SIGNATURE <u>Eileen Perminston</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Gibson</u>		ADDRESS <u>Carrollton, Mo</u>	

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.

Signed _____

Ben W. Gibson

Signed.....
Student Embalmer

Licensed Embalmer No. *2961*

P. O. Address *Carrollton, Va*

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.