

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16459

State File No.

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>703 Harrison 1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> d. STREET ADDRESS (If rural, give location) <u>703 Harrison</u>	
3. NAME OF DECEASED a. (First) <u>E. V.</u> b. (Middle) <u>APPLE</u> c. (Last) _____ (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year) <u>April 22 - 1949</u>	
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Feb 18 - 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINOR</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Dade County O</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Michael APPLE</u>	
13b. MOTHER'S MAIDEN NAME <u>Henriette Harrison</u>		14. NAME OF HUSBAND OR WIFE <u>DECEASED</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Richard Apple</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Hepatitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) <u>Don't know</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>592X</u>	
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) m.	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>April 11, 1949</u> , to <u>April 22, 1949</u> , that I last saw the deceased alive on <u>April 1, 1949</u> , and that death occurred at <u>Aurora, Mo.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. H. Harrison</u>		23b. ADDRESS <u>Aurora, Mo</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/24/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wells Park</u>	24d. LOCATION (City, town, or county) (State) <u>Aurora, Mo</u>
DATE REC'D BY LOCAL REG. <u>Apr. 22 - 49</u>	REGISTRAR'S SIGNATURE <u>Orville Me Natt</u>	157	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Marsh</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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1

RECEIVED

District Health Officer No. 6,

District File Number 549-535

Date Filed 5-9-49

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 _____

working under my personal supervision.

[Handwritten signature]

Student Embalmer No. _____

Signed _____

[Handwritten signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 3812

P. O. Address Quincy MD

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.