

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 14 1949

State File No. **38000**

BIRTH NO. _____		REG. DIST. NO. 212		PRIMARY REG. DIST. NO. 3044		Registrar's No. 3416	
1. PLACE OF DEATH a. COUNTY MILLER				2. USUAL RESIDENCE, (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY MILLER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELDON		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ELDON		66	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) MYRTLE		a. (First) LILLIAN		c. (Last) APPERSON		4. DATE OF DEATH (Month) (Day) (Year) DEC. 9 1949	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MARCH 25, 1893	
9. AGE (In years last birthday) 56		10. MONTHS 8		11. DAYS 14		12. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BLUE SPRING, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME FREDRICK C. KERN		13b. MOTHER'S MAIDEN NAME OLLIE GORE		14. NAME OF HUSBAND OR WIFE T.C. APPERSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 160115		17. INFORMANT'S SIGNATURE OR NAME J.C. Apperson ADDRESS ELDON			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary heart disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 45 min.	
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)			
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 Dec 8 19 49 , to Dec 9 19 49 , that I last saw the deceased alive on Dec 4 19 49 , and that death occurred at 12:10 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE E. O. Skelton M.D.		(Degree or title)		23b. ADDRESS ELDON MO		23c. DATE SIGNED Dec 10 49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Dec. 11, 1949		24c. NAME OF CEMETERY OR CREMATORY Woolley		24d. LOCATION (City, town, or county) (State) ELDON, MO.	
DATE REC'D BY LOCAL REG. Dec. 10, 1949		REGISTRAR'S SIGNATURE Alvarado Walter		25. FUNERAL DIRECTOR'S SIGNATURE James B. Phillips ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 12 1919
District Health Officer No. 9
District File Number

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

Leo G. Whitaker Student Embalmer No. 314
working under my personal supervision.

Student Leo G. Whitaker
Student Embalmer

Signed Louis D. Phillips
Licensed Embalmer No. 3663
P. O. Address Frederick

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.