

FILED FEB 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 446

0157
1

BIRTH NO. _____ REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 5174 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Camden Adair Sup</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Barnumtown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Barnumtown, Mo Adair Sup</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Rural</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Rch.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Daniel</u> b. (Middle) <u>Hyberk</u> c. (Last) <u>Appleton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21 50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 9-1868</u>
9. AGE (In years last birthday) <u>81</u>		10. UNDER 1 YEAR Months <u>1</u> Days <u>12</u>	11. UNDER 18 HRS. Hours <u>12</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Houseing</u>	
11. BIRTHPLACE (State or foreign country) <u>Boone Ironton, Camden Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Appleton</u>		13b. MOTHER'S MAIDEN NAME <u>Sara Carpenter</u>	
14. NAME OF HUSBAND OR WIFE <u>Jennie Woolery</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jennie Appleton</u> ADDRESS <u>Barnumtown</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction - heart</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>no</u> DUE TO (c) <u>no</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>no - Bruise</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 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>Dec 21st</u> , 19 <u>49</u> , to <u>Jan 21st</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 20, 1950</u> , and that death occurred at <u>10 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Ed Clarkson M.D.</u>		23b. ADDRESS <u>Camden Mo</u>	
23c. DATE SIGNED <u>1-23-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>Jan 24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clark</u>	
24d. LOCATION (City, town, or county) (State) <u>Camden Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bankson - Woolery</u> ADDRESS <u>Camden</u>	
DATE REC'D BY LOCAL REG. <u>2-3-50</u>		REGISTRAR'S SIGNATURE <u>G. H. Myers</u> NO. <u>41</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 1-5044

Date Filed 2-8-50

For - purpose of section

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

Alfred Jackson Woolery

Signed _____
Student Embalmer

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.