

STANDARD CERTIFICATE OF DEATH

State File No. 28662  
Registrar's No. 132

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3082

342

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

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Mexico</b> )		c. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural, Linn</b> <u>0040</u> )	
c. LENGTH OF STAY (If in place) <b>7 Days</b>		d. STREET ADDRESS (If rural, give location) <b>R.F.D.#1, Benton City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HERMAN</b>		b. (Middle) <b>O.</b>		c. (Last) <b>APEL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 9, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 1, 1878</b>		9. AGE (In years last birthday) <b>72</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>New Baden, Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>George Apel</b>		13b. MOTHER'S MAIDEN NAME <b>Bertha Zimerman</b>		14. NAME OF HUSBAND OR WIFE <b>Kate Apel</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Vinita Apel</b> ADDRESS <b>Benton City, Mo.</b>	

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		INTERVAL BETWEEN ONSET AND DEATH <b>1 hour</b>  <b>5 years</b>  <b>4 1/20</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Coronary embolism</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Artery Disease</b> DUE TO (c)		
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)		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 June 16, 1950, to July 9, 1950, that I last saw the deceased alive on July 9, 1950, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. E. Luman Jr. M.D.</b>		23b. ADDRESS <b>Mexico, Mo.</b>		23c. DATE SIGNED <b>7-11-50</b>	
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24a. BURIAL, CREMATION (Specify) <b>Burial</b>		24b. DATE <b>July 12, 50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>East Lawn Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Audrain Co., Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>July 11-1950</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. L. ...</b> ADDRESS <b>Mexico, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 17 1950  
District Health Officer No. 40  
District File Number 7-50-1150  
Date Filed JUL 27 1950

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 *Ralph T. Shuster*

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.