

FILED SEP 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 26070

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 128

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Audrain		b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Mexico Mo		a. STATE Missouri		b. COUNTY Montgomery	
c. LENGTH OF STAY (in this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital		c. CITY (If outside corporate limits, write RURAL and give township) New Florence Mo		d. STREET ADDRESS (If rural, give location) None	
3. NAME OF DECEASED (Type or Print)		a. (First) David		b. (Middle) Ellis		c. (Last) Appling	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	
8. DATE OF BIRTH 3-9-1874		9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumberman		11. BIRTHPLACE (State or foreign country) Danville Mo	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Joseph Appling		13b. MOTHER'S MAIDEN NAME Mary Ellis		14. NAME OF HUSBAND OR WIFE Callie Appling "Decd"			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 497-09-1076		17. INFORMANT'S SIGNATURE OR NAME Lama Robertson			
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.		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) DUE TO (c) Abdominal Aortic Aneurysm 2 1/2				12. CITIZEN OF WHAT COUNTRY? U. S. A.	
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) New Florence		21d. (COUNTY) Montgomery	
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? 022X			
22. I hereby certify that I attended the deceased from May 5, 1951, to Aug 29, 1951, that I last saw the deceased alive on Aug 28, 1951, and that death occurred at 8:50 A.M., from the causes and on the date stated above.							
23a. SIGNATURE H. S. Ashburn MD				23b. ADDRESS Mexico Mo		23c. DATE SIGNED Aug 29, 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-31-51		24c. NAME OF CEMETERY OR CREMATORY New Florence Cem		24d. LOCATION (City, town, or county) (State) New Florence Mo	
DATE REC'D BY LOCAL REG. Aug 29, 1951		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE C. W. HOPKINS MONTGOMERY MISSOURI			

(Licensed Emballer's Statement on Reverse Side)

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

DEC 2 1951

Date Received: SEP 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 9-51-155
Date Filed: SEP 5 1951

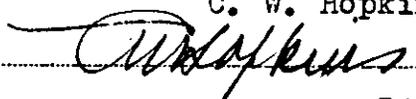
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by XX ON THE 2
day of August 1951

working under my personal supervision.

Student Embalmer No.....

C. W. Hopkins

Signed..... 

Signed.....
Student Embalmer

Licensed Embalmer No. I487

P. O. Address Montgomery City 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.