

FILED NOV 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37851

State File No. 184

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5578 Registrar's No. 184

3490  
3

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Joplin Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin	
c. LENGTH OF STAY (in this place) 34 1/2		d. STREET ADDRESS (If rural, give location) 1615 Connor	
d. FULL NAME OF HOSPITAL OR INSTITUTION Atlas Powder Co.			

3. NAME OF DECEASED (Type or Print)	a. (First) Eldon	b. (Middle) L.	c. (Last) Apple	4. DATE OF DEATH (Month) (Day) (Year) Nov. 10, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 1, 1916	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician	10b. KIND OF BUSINESS OR INDUSTRY Powder Co.	11. BIRTHPLACE (State or foreign country) Joplin, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Al Apple	13b. MOTHER'S MAIDEN NAME Mollie Holden	14. NAME OF HUSBAND OR WIFE Dora Apple
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes 2-18-44 to 7-25-46	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Dora Apple, 1615 Connor	ADDRESS Joplin Mo
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocutin fatal, instantaneous		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (2400 V. alternating current)		
	DUE TO (c) THIRD DEGREE BURNS SEVERE LT. ARM - TORSO, FACE, LT. TEMPORAL AREA SKULL		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E 9146 46	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SUICIDE HOMICIDE ACCIDENT	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ATLAS POWDER CO.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ATLAS (Rural-Joplin) JASPER MO.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 11 10 1951 2 30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? APPARENTLY SHORT CIRCUIT TRANSFORMER WHILE WORKING.
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22. I hereby certify that I attended the deceased from mid night and, 1951, that I last saw the deceased alive on 11-10-51, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE W. W. Williams, M.D. (Degree or title)	23b. ADDRESS Joplin Mo	23c. DATE SIGNED 11-12-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-15-51	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial	24d. LOCATION (City, town, or county) (State) Joplin, Missouri
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DATE REC'D BY LOCAL REG. 11/16-51	REGISTRAR'S SIGNATURE R. D. Ditchett	25. FUNERAL DIRECTOR'S SIGNATURE Steve Parker Mortuary, Joplin, Mo.	ADDRESS
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RECEIVED 11-20-51  
Jasper County Health Office

County File Number 51/11/862

Date Filed 11-20-51

DEC 11 1951

VS  
MAR 23 1952

MAR 4 1951

Dr. H. S. H.

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.

Student Embalmer No. ....

Signed

*F. M. Jones*

Signed .....  
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.