

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40474**

FILED NOV 16 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>507 S. Cedar St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Palmyra</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Apperson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 29-1957</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>12-13-51</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Benton Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>Henry Hubbard</u>	13b. MOTHER'S MAIDEN NAME <u>Ester Hubbard</u>	14. NAME OF HUSBAND OR WIFE <u>James P. Apperson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A. H. Worsley, Mendota, Ill.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Short time</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Don't know</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypotension - Advanced age</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION. <u>4222</u>	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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>

22. I hereby certify that I attended the deceased from 8-27, 1957, to 10-29, 1957, that I last saw the deceased alive on 10-20, 1957, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Love, MD</u> (Degree or title)	23b. ADDRESS <u>Nevada Mo.</u>	23c. DATE SIGNED <u>11-2-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-1-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Worsley Cemt.</u>	24d. LOCATION (City, town, or county) (State) <u>Bronaugh, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-3-1957</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry 451</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Eichinger Funeral Home</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1180

DIVISION OF HEALTH OF MD.  
District No. 5 - Springfield

RECEIVED

NOV 5 1951

Dist. File 1151-2010  
Date Filed 11-15-51

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 *Mark E. Eichelberger* .....

Licensed Embalmer No. *2656* .....

P. O. Address *Nevada, 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.