

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39274

State File No.

No. 300
10. 48

FILED DEC 10 1952 69949

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 183

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

1. PLACE OF DEATH a. COUNTY <u>Lackedel</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Lackedel</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lafayette</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hooker T.S.</u>	
c. LENGTH OF STAY (In this place) <u>10 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Lafayette Mo Bruce Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Richard</u> c. (Last) <u>Appleberry</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11 / 23 / 52</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>	8. DATE OF BIRTH <u>Nov. 1, 1952</u>
9. AGE (In years last birthday) <u>23</u>		IF UNDER 1 YEAR: Months <u>23</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lackedel Co. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Lee Appleberry</u>		13b. MOTHER'S MAIDEN NAME <u>Goldie Rogers</u>	
14. NAME OF HUSBAND OR WIFE <u>✓</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Lee Appleberry</u>		ADDRESS <u>Rural Hooker T.S.</u>	
18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Starvation</u> INTERVAL BETWEEN ONSET AND DEATH <u>?</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Formula intolerance</u> <u>3 weeks</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7720	
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 <u>11-23, 1952</u> to <u>11-23, 1952</u> , that I last saw the deceased alive on <u>11-23, 1952</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Carrington, M.D.</u> (Degree or title) <u>U</u>		23b. ADDRESS <u>Lafayette</u>	
23c. DATE SIGNED <u>11-25-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/26/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bokke</u>		24d. LOCATION (City, town, or county) (State) <u>Lackedel Co MO</u>	
DATE REC'D BY LOCAL REG. <u>12-2-1952</u>		REGISTRAR'S SIGNATURE <u>Hella L. Ray</u> 424	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Palumbo</u>		ADDRESS <u>Lafayette Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

DEC 8 1952

Received _____
Laclede County Health Unit
File No. 12-52-169
Date Filed 12-9-52

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 S. R. Palmer

Licensed Embalmer No. 3208

P. O. Address Lebanon, 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.