

ED MAR 10 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6663

0532

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lebanon</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Phillipsburg</u> 0530	
c. LENGTH OF STAY (in this place) <u>28 days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Memorial</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sophia</u> b. (Middle) <u>Wilhelmine</u> c. (Last) <u>Apling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 28, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Nov. 29, 1859</u>		9. AGE (In years last birthday) <u>93</u>		10. MONTHS <u>2</u> DAYS <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Germany</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Fredrick Nolting</u>		13b. MOTHER'S MAIDEN NAME <u>Engel Schmohe</u>		13c. NAME OF HUSBAND OR WIFE <u>Fredrick Wm. Apling</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Herman Pape</u> ADDRESS <u>Phillipsburg, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Blanche - Pneumonia</u>		DUPLICATE - Pneu - monia			3 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio-Sclerotic Heart Disease</u>				
		DUE TO (c) <u>4200F</u>				
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Hip L. (Intertrochan. tric)</u>				

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) (Min.)		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 1-11, 1953, to 2-28, 1953, that I last saw the deceased alive on 2-27, 1953, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Sumner, MD</u> (Degree or title)		23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>2-28-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal March 2, 1953</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Bruning Nebraska</u>		24d. LOCATION (City, town, or county) (State) <u>Bruning Nebraska</u>	
DATE REC'D BY LOCAL REG. <u>3-2-1953</u>		REGISTRAR'S SIGNATURE <u>Alella L. Wray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u> ADDRESS <u>Lebanon, Mo.</u>			

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

MAR 7 1953

Received .....

Laclede County Health Unit

File No. 3.53.37

Date Filed MAR 9 1953

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.....  
Student Embalmer

Signed *Dorsey M. Howe*

Licensed Embalmer No. 4222

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.