

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22260

FILED JUN 16 1953

5813 State File No. 4348 Registrar's No. 7

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 233 PRIMARY REG. DIST. NO. 4348

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

1. PLACE OF DEATH a. COUNTY <b>MONTGOMERY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MISSOURI</b> b. COUNTY <b>MONTGOMERY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL-UPPER COURSE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WELLSVILLE</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>ON HI-WAY</b>		d. STREET ADDRESS (If rural, give location) <b>BLATTNER FLATS</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>B</b> c. (Last) <b>APPLETON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 6 1953</b>
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5. SEX <b>MALE</b>	6. COLOR OF RACE <b>COLORED</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAY 6 1913</b>	9. AGE (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BRICK WHEELER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>WELLSVILLE FIRE</b>	11. BIRTHPLACE (State or foreign country) <b>NASHVILLE, TENN.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>DONT KNOW</b>	13b. MOTHER'S MAIDEN NAME <b>DONT KNOW</b>	14. NAME OF HUSBAND OR WIFE <b>ERESTINE APPLETON</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>494-01-8193</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Ernestine Appleton, Wellsville, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		c70	

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 SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HI-WAY</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>NEAR WELLSVILLE Montg. Mo.</b>
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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? _____
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>R. G. Johnson M.D.</b> (Degree or title)	23b. ADDRESS <b>Wellsville Mo</b>	23c. DATE SIGNED <b>6-8-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-8-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MONTGOMERY CITY CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>MONTGOMERY CITY MO.</b>
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DATE REC'D BY LOCAL REG. <b>6-8-53</b>	REGISTRAR'S SIGNATURE <b>W.S. Roman Jr 429</b>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>W.B. Wells Wellsville</b>
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3001 16 818

JUN 22 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed EB Kelly

Licensed Embalmer No. 1588

P. O. Address Willsville

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.