

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **16651**

FILED JUN 7 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **211** PRIMARY REG. DIST. NO. **4324** Registrar's No. **14-54**

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution, residence before admission.)	
a. COUNTY <b>Miller</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Luscomb</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Eads</b> 0661	
c. LENGTH OF STAY (In this place) <b>7 days</b>		d. STREET ADDRESS (If rural, give location) <b></b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Humphreys Hosp.</b>			

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>CHARLES</b>	b. (Middle) <b>MERTON</b>	c. (Last) <b>APPERSON</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>MAY 22 1954</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 21, 1879</b>	<b>9. AGE</b> (In years last birthday) <b>74</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b></b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Fall River, Kansas</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>Samuel Apperson</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Minerva Hajum Kella J. Apperson</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b></b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Chas. Lowrey Kason, Mo.</b>	<b>ADDRESS</b> <b></b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Bronchial pneumonia</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>2 Days</b>
	<b>PRECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. <b>DUE TO (b) Cerebral apoplexy</b>		
	<b>DUE TO (c) 9 days</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>334 X</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from May 5, 1954, to May 22, 1954, that I last saw the deceased alive on May 22, 1954, and that death occurred at 5:25 p. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>M. E. Humphreys D.O.</b>	<b>23b. ADDRESS</b> <b>Luscomb, Mo.</b>	<b>23c. DATE SIGNED</b> <b>5-26-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>May 24, 1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Dooley</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Eads, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>May 24 1954</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Mrs. Richard L. Wright</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>James W. Phillips</b>	<b>ADDRESS</b> <b>Eads</b>
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WRITE PLAINLY—USE INK UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 7 1954

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 *Louis B. Phillips*

Licensed Embalmer No. *3663*

P. O. Address *Walden*

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.