

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28035

BIRTH NO. 124		REG. DIST. NO. 163		PRIMARY REG. DIST. NO. 5596		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY JEFF.			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. RURAL (VALLE)		c. LENGTH OF STAY (in this place) 6 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. DESOTO RURAL VALLE		500	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION RT#2 (3 MI S.W. OF DESOTO)				d. STREET ADDRESS (If rural, give location) 3 MI S.W. OF DESOTO (OLD VINELAND RD)			
3. NAME OF DECEASED (Type or Print)		a. (First) HAZEL		b. (Middle) NADINE		c. (Last) APPLE	
4. DATE OF DEATH		(Month) AUG.		(Day) 31		(Year) 1954	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN. 14, 1917	
9. AGE (In years last birthday) 37		10. UNDER 1 YEAR Months		11. UNDER 1 YEAR Days		12. UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) KAHOKA ARK.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME CHARLES PEHKS		13b. MOTHER'S MAIDEN NAME CORA FEE		14. NAME OF HUSBAND OR WIFE SHELBY APPLE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS SHELBY APPLE DESOTO RT#2			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lupus Erythematosus Disseminated 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.				INTERVAL BETWEEN ONSET AND DEATH 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		22. I hereby certify that I attended the deceased from NOV, 1952, to aug 31, 1954, that I last saw the deceased alive on aug 31, 1954, and that death occurred at 12 Noon, from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D. Dr. S. B. Smith		23b. ADDRESS DESOTO, MO.		23c. DATE SIGNED Sept 2, 1954			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT. 3 1954		24c. NAME OF CEMETERY OR CREMATORY WOODLAWN PARK		24d. LOCATION (City, town, or county) DESOTO MO.	
DATE REC'D BY LOCAL REG. 9-7-54		REGISTRAR'S SIGNATURE Marie Parker		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Samuel B. Smith Desoto Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED SEP 8 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 Ornell B. Decker

Licensed Embalmer No. 4104

P. O. Address St. Louis 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.