

34429

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 26 1954

No. 300
10.48

BIRTH NO. 70932-54 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 174

03372

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

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Lebanon)	c. LENGTH OF STAY (In this place) township)	c. CITY OR TOWN Butler	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hosp.		STREET ADDRESS (If rural, give location) 404 North West St.	

3. NAME OF DECEASED (Type or Print) a. (First) William	b. (Middle)	c. (Last) Appleberry	4. DATE OF DEATH (Month) (Day) (Year) Oct. 17 1954
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH Oct. 17 1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Lebanon Mo.	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wm. E. Appleberry	13b. MOTHER'S MAIDEN NAME Pauline Young	14. NAME OF HUSBAND OR WIFE NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. E. Appleberry Butler Mo.

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, asthenia, 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) Premature birth		1 1/2 hrs.
	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.		

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) m.	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 10-07-1954, to 10-17-1954, that I last saw the deceased alive on 10-17, 1954, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. B. Hurst, M.D.	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 10-18-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/18/54	24c. NAME OF CEMETERY OR CREMATORY Old Bolles
DATE REC'D BY LOCAL REG. 10-18-1954	REGISTRAR'S SIGNATURE Allella L. May	24d. LOCATION (City, town, or county) (State) Laclede Co. Mo.
51. FUNERAL DIRECTOR'S SIGNATURE ADDRESS S. R. Palmer Lebanon Mo		

(Licensed Embalmers' Statement on Reverse Side)

OCT 23 1954

Received

Laclede County Health Unit

File No. 10-54-167

Date Filed OCT 23 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 Not Embalmed, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.