

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34446

State File No.

BIRTH NO.		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5620</u>		Registrar's No. <u>162</u>	
1. PLACE OF DEATH a. COUNTY <u>Missouri</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Hooker T.S.</u>		c. LENGTH OF STAY (in this place) <u>10 Years</u>		c. CITY OR TOWN <u>Hooker T.S.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>8 Miles on 164 Highway</u>				STREET ADDRESS (If rural, give location) <u>8 Miles on 64 Highway</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lloyd</u>		b. (Middle) <u>Thomas</u>		c. (Last) <u>Appleberry</u>		4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>25</u> (Year) <u>1954</u>	
5. SEX <u>Male</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, <u>Divorced</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>July 11, 1905</u>	
9. AGE (In years at birthday) <u>49</u>		IF UNDER 1 YEAR Months <u> </u> Days <u> </u>		IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work during part of working life, even if retired) <u>Saw Mill</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Camden County Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>	
13a. FATHER'S NAME <u>H. C. Appleberry</u>		13b. MOTHER'S MAIDEN NAME <u>Nora C. Wills</u>		14. NAME OF HUSBAND OR WIFE <u> </u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. H. C. Appleberry, Lebanon, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of rectum</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>154X</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 mos.</u>	
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum = metastasis to liver</u>				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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>7-20</u> , 19 <u>54</u> , to <u>9-25</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>9-23</u> , 19 <u>54</u> , and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. B. Hunt, M.D.</u>				23b. ADDRESS <u>158 N. Adams, Lebanon, Mo.</u>		23c. DATE SIGNED <u>9-25-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Old Bolles</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-27-1954</u>		REGISTRAR'S SIGNATURE <u>Albela L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Palmer</u>		ADDRESS <u>Lebanon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received.....
Laclede County Health Unit
File No. 10-54-157
Date Filed OCT 16 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.....
Signature of Student Embalmer

Signed Stanley R. Palm

Licensed Embalmer No. 4811

P. O. Address Lebanon

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.