

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED MAR 9 1955

State File No. **4112**
5

BIRTH NO. _____		REG. DIST. NO. 49		PRIMARY REG. DIST. NO. 5174		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Camden				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Camden			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Adair T		c. LENGTH OF STAY (In this place) Camden		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Climax Springs		d. STREET ADDRESS (If rural, give location) Gen Del	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Highway 35 - 1 1/2 mi E Climax				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) William Hybert Appleton				4. DATE OF DEATH (Month) (Day) (Year) Feb 26 - 1955			
5. SEX Male		6. COLOR OR RACE Wht		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb 6 - 1909	
9. AGE (In years last birthday) 46		10. MONTHS 46		11. DAYS 20		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farm				10b. KIND OF BUSINESS OR INDUSTRY agri			
11. BIRTHPLACE (City and State or Foreign Country) Barnumton, Camden Co, Mo				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Hybert Appleton				13b. MOTHER'S MAIDEN NAME Juniel Woolery			
14. NAME OF HUSBAND OR WIFE none							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no				16. SOCIAL SECURITY NO. _____			
17. INFORMANT'S SIGNATURE OR NAME J Appleton, Kansas City, Mo				ADDRESS _____			
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) Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH Sudden			
ANTECEDENT CAUSES Due to (b) Brain Concussion							
Due to (c) Crushed skull							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Car wreck							
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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway 35		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 1 1/2 mi E Climax Springs Camden, MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 26 55 11 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto wreck			
22. I hereby certify that I attended the deceased from Feb 26 , 19 55 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE Obbie Bankson Woolery 484 (Degree or title) Coroner				23b. ADDRESS Camden, MO			
23c. DATE SIGNED Mar 2 - 55							
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Mar 2 - 55		24c. NAME OF CEMETERY OR CREMATORY Climax Springs		24d. LOCATION (City, town, or county) (State) MO	
DATE REC'D BY LOCAL REG. 3/3 - 55		REGISTRAR'S SIGNATURE Alda B. Eldred		25. FUNERAL DIRECTOR'S SIGNATURE Bankson-Woolery ADDRESS Camden, MO			

(Licensed Embalmer's Statement on Reverse Side)

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 Abbie Banks Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.