

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12455

BIRTH NO. 60640-54 REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 58

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Laclede</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>2629 Truman Rd.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Jimmy</u> b. (Middle) <u>Dale</u> c. (Last) <u>Appleberry</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>April 9 1955</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Never Married</u>	<b>8. DATE OF BIRTH</b> <u>Aug. 16, 1954</u>
<b>9. AGE</b> (In years last birthday) <u>8</u>		<b>10. BIRTHPLACE</b> (State or foreign country) <u>Kansas City, Missouri</u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kansas City, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>	
<b>13a. FATHER'S NAME</b> <u>Eldon Appleberry</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Pauline Rogers</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Eldon Appleberry, Kansas City, Mo.</u>		<b>ADDRESS</b>	
<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>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Carcinoma of colon</u> <b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b)</b> _____ <b>DUE TO (c)</b> <u>Premature birth</u> <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> <u>153 X</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
<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)</b> (COUNTY) (STATE)			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Minute)		<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>			
<b>22. I hereby certify that I attended the deceased from</b> <u>4-7</u> , 19 <u>55</u> , to <u>4-9</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-8</u> , 19 <u>55</u> , and that death occurred at <u>1:00</u> p.m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>B B Hurst, M.D.</u>		<b>23b. ADDRESS</b> <u>Lebanon, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>4-11-55</u>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>4/11/55</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Old Bolles Cem.</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>Laclede Co. Missouri</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>4-16-1955</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Hella L. Day</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>S. R. Pulver</u>		<b>ADDRESS</b> <u>Lebanon Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received 4-25-55  
Laclede County Health Unit  
File No. 58  
Date Filed 4-25-55

**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

S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon, 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.