

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

FILED NOV 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33986**

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **190**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe	c. LENGTH OF STAY (in this place) 30 yrs	c. CITY OR TOWN Chillicothe	d. In 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. 223 East Second St.		e. STREET ADDRESS (If rural, give location) 223 East Second St. 0590	

3. NAME OF DECEASED (Type or Print) a. (First) ELBERT	b. (Middle) COEN	c. (Last) APPLEBERRY	4. DATE OF DEATH (Month) (Day) (Year) Nov 4, 1955
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 14, 1886
9. AGE (In years last birthday) 69	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck driver	10b. KIND OF BUSINESS OR INDUSTRY Retail Coal	11. BIRTHPLACE (City and State or Foreign Country) Missouri
13a. FATHER'S NAME Richard Appleberry	13b. MOTHER'S MAIDEN NAME Mary Dorinda Haynes	14. NAME OF HUSBAND OR WIFE Mary Jane Hughes (dec)	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 490-10-3163A	17. INFORMANT'S SIGNATURE OR NAME Arthur Appleberry, Kansas City, Mo.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion	INTERVAL BETWEEN ONSET AND DEATH Instant
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		
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 4201

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 type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I ~~had~~ saw the deceased alive on **Nov. 4**, 19**55**, and that death occurred at **1A** m., from the causes and on the date stated above.

23a. SIGNATURE Joseph Conrad M.D. (Coroner)	(Degree or title)	23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED Nov 7 55
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 8, 1955	24c. NAME OF CEMETERY OR CREMATORY Welch cemetery	24d. LOCATION (City, town, or county) (State) Livingston Co., Mo.
DATE REC'D BY LOCAL REG. 11/7/55	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE Donald Gordon	ADDRESS Chillicothe Mo

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 *Ronald Gordon*.....

Licensed Embalmer No. *419*

P. O. Address *Chillicothe*

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.