

STANDARD CERTIFICATE OF DEATH

State File No. 4289

0350
Wallace Belsey
FILED MAR 5 1956 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5420 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Holcomb		c. CITY OR TOWN Holcomb	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) Rt. 1	
3. NAME OF DECEASED (Type or Print) Frank		c. (Last) Apperson	
5. SEX Male		4. DATE OF DEATH Feb. 9th 1956	
6. COLOR OR RACE White		8. DATE OF BIRTH Apr. 18- 1969	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		9. AGE (In years last birthday) 86	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (City and State or Foreign Country) Dent County Mo.	
10b. KIND OF BUSINESS OR INDUSTRY X		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Francis Apperson		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.	
16. SOCIAL SECURITY No. 996-14-8010		17. INFORMANT'S SIGNATURE OR NAME Lee Apperson	
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, asthma, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Weakness DUE TO (c) 11. 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"/>		INTERVAL BETWEEN ONSET AND DEATH 4 days. 4 years.	
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 1/17, 1956, to 2/7, 1956, that I last saw the deceased alive on 2/7, 1956, and that death occurred at 3:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Wallace Belsey M.D.		23b. ADDRESS Campbell Mo.	
23c. DATE SIGNED 2/18/56		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-11-56		24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery	
24d. LOCATION (City, town, or county) Kennett		24e. (State) Mo.	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
2-25-1956 J. Anderson		Lentz Service Kennett Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-2-56

COUNTY FILE NUMBER 356-7

1956

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 Edward Lee Ford

Licensed Embalmer No. 443

P. O. Address Heinrich

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.