

FILED JUN 4 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 172240

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 223	
1. PLACE OF DEATH a. COUNTY Pettis 0804 b. CITY (If outside corporate limits, write RURAL and give town) Sedalia c. LENGTH OF STAY (in this place) 6 years d. FULL NAME OF HOSPITAL OR INSTITUTION 608 South Lamine				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis 0804 c. CITY OR TOWN Sedalia d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 608 South Lamine			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) ELIZABETH c. (Last) APGAR (APGAR)		4. DATE OF DEATH (Month) (Day) (Year) May, 28th, 1956		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March, 22, 1866		9. AGE (in years last birthday) 90		10. IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Bloomsbury, New Jersey		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gordon Dickworth		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William APGAR			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Urban Kramer, 608 South Lamine, Sedalia, Mo.			
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) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial Degeneration DUE TO (c) Senility II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4222	
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) (Min.)		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 June 15, 1950 , to May 28, 1956 , that I last saw the deceased alive on 5/25, 1956 , and that death occurred at 10:10 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) H. L. Kofman MD		23b. ADDRESS 1116 N. 3rd Sedalia, Mo.		23c. DATE SIGNED 5/28/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE May, 29th, 1956		24c. NAME OF CEMETERY OR CREMATORY Clinton N.J.		24d. LOCATION (City, town, or county) (State) Clinton, N.J.	
DATE REC'D BY LOCAL REG. 5-29-56		REGISTRAR'S SIGNATURE Lamine Wood		FUNERAL DIRECTOR'S SIGNATURE William E. Williams		ADDRESS TIPTON	

(Licensed Embalmers Statement on Reverse Side)

XND

JUN 14 1958

JUN 25 1958

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.....

Jesse E. Richards

Licensed Embalmer No. *24*

P. O. Address *Leptow*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.