FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

911
STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT in hospital, give location) Medical Center for Federal Prisoners — Length of stay in 1b 4yrs11mos10das

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Wyandotte
c. CITY OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 414 Trailor City — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First CLAUD Middle BENJAMIN Last APPLETON
4. DATE OF DEATH Month January Day 25th Year 1957
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED X
8. DATE OF BIRTH May 24, 1911
9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine Operator
10b. KIND OF BUSINESS OR INDUSTRY Varied
11. BIRTHPLACE (City and state or country) Camden County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Appleton
14. MOTHER'S MAIDEN NAME Letta Colhran
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT FILE: MCFP Springfield, Missouri — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____ DUE TO (c) ____ 002X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). ********** 19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) **********
20c. TIME OF INJURY Hour a. m. p. m. ********** Month, Day, Year **********
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) **********
20f. CITY, TOWN, OR LOCATION COUNTY STATE **********

21. I attended the deceased from 2-15-52 to 1-25-57 and last saw him alive on 1-25-57
Death occurred at 4:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. C. RINCK, M.D. (Degree or title) Clinical Director
22b. ADDRESS Medical Center for Federal Prisoners, Springfield
22c. DATE SIGNED 1-25-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 1/26/57
23c. NAME OF CEMETERY OR CREMATORY
23d. LOCATION (City, town, or county) (State) Kansas City, Kansas

24. FUNERAL DIRECTOR AYRE-GOODWIN, Inc. ADDRESS Springfield
25. DATE RECD. BY LOCAL REG. 1-28-57
26. REGISTRAR'S SIGNATURE Beatrice Williamson

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signed.....

Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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