

FILED MAR 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5344

BIRTH NO. _____		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 3033		Registrar's No. 36	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u> c. LENGTH OF STAY (If in this place) <u>13 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u> c. CITY OR TOWN <u>Lebanon</u> d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐ e. STREET ADDRESS (If rural, give location) <u>374 Harrison</u>			
3. NAME OF DECEASED (Type or Print) <u>Paul H. Appling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 24, 1957</u>		5. SEX <u>m</u>		6. COLOR OR RACE <u>white</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Sept. 21, 1900</u>		9. AGE (In years last birthday) <u>56</u>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) <u>Laclede Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Charles Appling</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Martin</u>	
14. NAME OF HUSBAND OR WIFE <u>Bess Appling</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-10-4679</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bess Appling</u>	
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, arteria, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Kidneys, Cystic, Congenital</u> DUE TO (b) <u>Wremia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>One month</u>		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>7571</u>		20. AUTOPSY? YES ☐ NO ☒	
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) <u>2</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>Jan 17, 1955</u> , to <u>Feb 24, 1957</u> , that I last saw the deceased alive on <u>Feb 24, 1957</u> , and that death occurred at <u>4:30 P. m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>J. H. Johnson</u> (Degree or title) <u>MD</u>	
23b. ADDRESS <u>Lebanon, Mo</u>		23c. DATE SIGNED <u>2-25-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/26/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Holman Cemetery near Orla Mo.</u>		24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Helena L. Hay</u>		25. ADDRESS <u>Holman Funeral Home Lebanon Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Received 3-4-57
Laclede County Health Unit
File No. 36
Date Filed 3-4-57

MAY 29 1957

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 Dorsey M. Howe
Licensed Embalmer No. 422

P. O. Address Lebanon

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.