

FILED APR 30 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

13664

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4246 Registrar's No. 62

1. PLACE OF DEATH  
 a. COUNTY Jasper  
 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Jasper

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction c. LENGTH OF STAY (In this place) 56 yrs  
 c. CITY OR TOWN Carl Junction d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION 206 No. Roney Street  
 e. STREET ADDRESS (If rural, give location) 206 No. Roney Street 2490

3. NAME OF DECEASED a. (First) LEWIS b. (Middle) WORTHINGTON c. (Last) APPLEMAN 4. DATE OF DEATH (Month) (Day) (Year) 4-20-1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 11-28-1875 9. AGE (In years last birthday) 81 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) Driller 10b. KIND OF BUSINESS OR INDUSTRY Drilling 11. BIRTHPLACE (City and State or Foreign Country) Jewell Co., Kansas 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Mathias Appleman 13b. MOTHER'S MAIDEN NAME Sarah Coleman 14. NAME OF HUSBAND OR WIFE Arminda E. Appleman

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. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arminda E. Appleman, Carl Junction, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
 MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Respiratory Failure  
 ANTECEDENT CAUSES  
 DUE TO (b) Myocarditis  
 DUE TO (c) Arteriosclerosis  
 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 20. AUTOPSY? 2  
 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 Sept. 16 1955, to April 20, 1957, that I last saw the deceased alive on April 20 1957, and that death occurred at 2:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) D. O. 23b. ADDRESS Carl Junction, Mo. 23c. DATE SIGNED 4/22/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-22-1957 24c. NAME OF CEMETERY OR CREMATORY Carl Junction Cemetery 24d. LOCATION (City, town, or county) (State) Carl Junction, Missouri

DATE REC'D BY LOCAL REG. 4-23-57 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Carl Junction, Mo.

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

0490

474-0

**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 *Jack C. Simpson*

Licensed Embalmer No. *4647*  
P. O. Address *Webb City, Mo.*

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.