

FILED SEP 9 1957

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **28935**

0804

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **370**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis	
b. CITY OR TOWN Sedalia		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (if this place) 3 days		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bathwell Memorial		e. STREET ADDRESS (If rural, give location) 1202 E 45th 36280	
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) LEON c. (Last) APPLE		4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1957	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 17, 1901
9. AGE (In years last birthday) 55	10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)	11. BIRTHPLACE (City and State or Foreign Country) Shelburn Indiana	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME George Thomas Apple		13b. MOTHER'S MAIDEN NAME Mollie M. Bell	
14. NAME OF HUSBAND OR WIFE Neva C. Apple		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) unknown	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME Neva C. Apple ADDRESS 1202 E 45th Kansas City	
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) Multiple injuries ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Automobile accident. DUE TO (c) _____ 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? 1 YES ☐ NO ☒			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) South of Versailles Morgan Mo.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 1 1957	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? One - Automobile accident	
22. I hereby certify that I attended the deceased from Sept 1 , 1957, to Sept 3 , 1957, that I last saw the deceased alive on Sept 3, 1957 , and that death occurred at 3:50 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) John E. Rany MD.		23b. ADDRESS 111 W. 4th Sedalia Mo	
23c. DATE SIGNED Sept 3, 1957			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3 Sept. 1957	
24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Mo	
DATE REC'D BY LOCAL REG. 3 Sept 1957		REGISTERAR'S SIGNATURE Frances Shelby	
25. FUNERAL DIRECTOR'S SIGNATURE Shelby M. Laughlin		ADDRESS Bureau, Sedalia Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 13 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.....

Licensed Embalmer No. 315

P. O. Address Sedalia

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.