

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29064

STATE FILE NUMBER

FILED SEP 10 1957

Registration District No. 294 Primary Registration District No. 6008 Registrar's No. 218

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clark - Prairie</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Clark</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD # 1</u> Length of stay in 1b <u>1 hour</u>		d. STREET ADDRESS (If outside, give location) <u>RFD # 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>BRENDA</u> Middle <u>LEE</u> Last <u>APEL</u>		4. DATE OF DEATH Month <u>Aug</u> - Day <u>27</u> - Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug - 27 - 1957</u>
9. AGE (In years last birthday) <u>1</u> UNDER 1 YEAR IF UNDER 24 HRS. Months <u>-</u> Days <u>-</u> Hours <u>1</u> Min. <u>-</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	
11. BIRTHPLACE (City and state or country) <u>Clark Mo. RFD # 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Virgil Apel</u>		14. MOTHER'S MAIDEN NAME <u>Virginia Palmatory</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Virgil Apel</u> Address <u>Clark Mo.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxiation</u> DUE TO (b) <u>Respiratory Collapse</u> DUE TO (c) <u>Inhalation of Anesthetic Fluid</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>7610</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> <u>30 min</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>7610</u>		
20c. TIME OF INJURY Hour <u>Hour</u> Month <u>Month</u> , Day <u>Day</u> , Year <u>Year</u> a. m. <u>a. m.</u> p. m. <u>p. m.</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	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 _____ to _____ and last saw her alive on <u>8-27-57</u> Death occurred at <u>11:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. C. Kelley Sr.</u>		22b. ADDRESS <u>2 Moberly, Mo</u>	22c. DATE SIGNED <u>8-28-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Aug 28-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Moberly Missouri</u>
24. FUNERAL DIRECTOR <u>Cater Funeral Home</u> ADDRESS <u>Moberly Mo</u>	25. DATE RECD. BY LOCAL REG. <u>8/28/57</u>	26. REGISTRAR'S SIGNATURE <u>Leah Hoover</u>	

(Licensed Embalmer's Statement on Reverse Side)

