

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 24 1957

32700

STATE FILE NUMBER

Registration District No. 212

Primary Registration District No. 3044

Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <i>MILLER</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>MILLER</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Eldon</i>		c. CITY OR TOWN <i>Eldon</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>101 W. HIGH</i>		d. STREET ADDRESS (If outside, give location) <i>101 W. HIGH</i>	
3. NAME OF DECEASED (Type or print) First <i>EVERETT</i> Middle <i>W.</i> Last <i>Appling</i>		4. DATE OF DEATH Month <i>Aug.</i> Day <i>29</i> Year <i>1957</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE, <i>CAUCASIAN</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>MAR. 24, 1989</i>
9. AGE (In years last birthday) <i>68</i>		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret. SALESMAN</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>INSURANCE</i>	
11. BIRTHPLACE (City and state or country) <i>NEILSON, MO.</i>		12. CITIZEN OF WHAT COUNTRY? <i>- U.S.A.</i>	
13. FATHER'S NAME <i>WESLEY Appling</i>		14. MOTHER'S MAIDEN NAME <i>SUSAN DANIELS</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>YES WWII.</i>		16. SOCIAL SECURITY NO. <i>490-10-9956A</i>	
17. INFORMANT <i>OLIVE Appling</i>		Address <i>Eldon, MO.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Hypertensive heart disease</i> DUE TO (c) <i>Instant</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>443x</i>			
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.)	
20c. TIME OF INJURY a. m. <i>7:15</i> p. m. <i>0</i>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>Eldon, Mo</i>	
20g. COUNTY <i>Miller</i>		20h. STATE <i>MO.</i>	
21. I attended the deceased from <i>July 1953</i> to <i>Aug 29, 1957</i> and last saw him alive on <i>Aug 29, 1957</i> Death occurred at <i>7:15 A. m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Robert E. Murrell, D.O.</i>		22b. ADDRESS <i>Eldon, Mo</i>	
22c. DATE SIGNED <i>8/30/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		23b. DATE <i>Aug. 31, 1957</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Eldon</i>		23d. LOCATION (City, town, or county) (State) <i>Eldon MO.</i>	
24. FUNERAL DIRECTOR <i>Louis B. Phillips</i>		25. DATE RECD. BY LOCAL REG. <i>Aug. 30, 57</i>	
26. REGISTRAR'S SIGNATURE <i>Alberta W. Waltz</i>			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. Use only black ink or ribbon typewrite if possible.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

SEP 23 '57

Müller County  
Health Department

SEP 24 1957

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.....  
Signature of Student Embalmer

Signed.....  
36

Licensed Embalmer No. 36

P. O. Address.....

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