

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033343

STATE FILE NUMBER

FILED SEP 30 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 135

S. 300

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>LACLEDE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LACLEDE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>LEBANON</b>		c. CITY OR TOWN <b>LEBANON</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>WALLACE HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>425 Taylor</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLES E APPLING</b>		4. DATE OF DEATH Month Day Year <b>Sept 18 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug 15 1871</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <b>87</b> Months Days Hours Min.
11. BIRTHPLACE (City and state or country) <b>LEBANON, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>JOSEPH APPLING</b>		13b. MOTHER'S MAIDEN NAME <b>OTHELIA OLIVER</b>	14. NAME OF HUSBAND OR WIFE <b>NERVA APPLING</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT Address <b>JOE APPLING LEBANON, MISSOURI</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Senility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<b>794X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input 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 <b>August 1952</b> to <b>Sep 18 1958</b> and last saw her alive on <b>Sep 18, 1958</b> Death occurred at <b>2:10 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>J.H. Johnson</b> (Degree or title) <b>MD</b>		22b. ADDRESS <b>Lebanon Mo</b>	22c. DATE SIGNED <b>9-20-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/20/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>LEBANON MISSOURI</b>
24. FUNERAL DIRECTOR ADDRESS <b>DORSEY M. HOWE LEBANON, MISSOURI</b>		25. DATE RECD. BY LOCAL REG. <b>9-20-1958</b>	26. REGISTRAR'S SIGNATURE <b>Albela L. Gray</b>

Received SEP 29 1958

Laclede County Health Unit

File No. 135

Date Filed SEP 29 1958

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. 4222

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.