

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040763

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No.

210

Primary Registration District No.

4322

Registrar's No.

73

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mercer	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Princeton 0650 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell Hospital		Length of stay in 1b 6 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Glen Middle Appleman Last Appleman			4. DATE OF DEATH Month November Day 28 Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 10, 1889
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engineer		9b. KIND OF BUSINESS OR INDUSTRY Penn. Power & Lgt.	9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months 4 Days 8 IF UNDER 24 HRS. Hours 4 Min. 8
10a. FATHER'S NAME Samuel Francis Appleman		10b. BIRTHPLACE (City and state or country) Benton, Pennsylvania	10c. CITIZEN OF WHAT COUNTRY? U.S.
11. MOTHER'S MAIDEN NAME Nellie Hess		12. NAME OF HUSBAND OR WIFE Maude Appleman	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. SOCIAL SECURITY NO. 171 05 5732	15. INFORMANT Address Mrs. Maude Appleman - Princeton, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary thrombosis			INTERVAL BETWEEN ONSET AND DEATH immed.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Passive congestion of the liver			4 years
DUE TO (c) Obstructive cholelithiasis			5 years
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 checked="" type="checkbox"/> NO <input 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.) 584 X	
20c. TIME OF INJURY Hour 6:50 Month Feb. Day 30 Year 1958 a.m. a.m. p.m.		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 COUNTY STATE	
21. I attended the deceased from Feb. 1956 to 11-28-58 and last saw her alive on 11-27-58 Death occurred at 6:50 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Byron I Axtell D.O.</i>		22b. ADDRESS Princeton, Mo.	
22c. DATE SIGNED 12-2-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov. 30, 1958	23c. NAME OF CEMETERY OR CREMATORY Princeton, Cemetery	23d. LOCATION (City, town, or county) (State) Princeton, Missouri
24. FUNERAL DIRECTOR Martin Funeral Home ADDRESS Princeton, Mo.		25. DATE RECD. BY LOCAL REG. 12-2-58	26. REGISTRAR'S SIGNATURE <i>Shel Mass</i>

(Licensed Embalmer's Statement on Reverse Side)

Social, 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

MEDICAL CERTIFICATION

130

1959

APR 21 1959

APR 17 1959

APR 17 1959

APR 17 1959

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 *L. E. Appell*

Licensed Embalmer No. 5020

P. O. Address Princeton, Miss

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.