Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002095
STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth — Length of stay in Ib Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Hannibal — Inside Limits Yes ☒ No ☐
0644 STREET ADDRESS (If outside, give location) 1008 Broadway — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Violet Middle: Roth Last: Appal
4. DATE OF DEATH Month Day Year: Jan. 11-1959
5. SEX: F
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: Jan. 10. 1884
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Hannibal Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME: William Jacob Roth
13b. MOTHER'S MAIDEN NAME: Regina Sultzman
14. NAME OF HUSBAND OR WIFE: Lewis W. Appal
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Mrs. Kenneth Wegehoft Address: R.F.D. 2

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Metastatic CA liver, lungs and pelvic area — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Anular CA of sigmoid — 2 years
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1533
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3-21-58, to 1-11-59 and last saw her/him alive on 1-11-59
Death occurred at 8:20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE F. C. Sultzman M.D. (Degree or title) 0
22b. ADDRESS 115 N. 5th St. Hannibal, Mo.
22c. DATE SIGNED 1-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 13. 1959
23c. NAME OF CEMETERY OR CREMATORY: St. Marys Cemetery
23d. LOCATION (City, town, or county) (State): Hannibal, Missouri

24. FUNERAL DIRECTOR Jack Schmitz ADDRESS Hannibal, Mo.
25. DATE RECD. BY LOCAL REG. 1-12-1959
26. REGISTRAR'S SIGNATURE Dr. E. M. Luckey by H. C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JAN 2 6 1959
MARION CO. HEALTH DEPT.
DATE FILED _____

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. 4900

P. O. Address .....

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.