

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013908

STATE FILE NUMBER

FILED MAY 12 1959

Registration District No.

170

Primary Registration District No.

Registrar's No.

79

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before death) a. STATE Missouri b. COUNTY Laclede		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Hooker T. S. TOWN		Inside Limits Yes ☐ No ☒	c. CITY OR Lebanon TOWN		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Brice Rt. INSTITUTION		Length of stay in lb 4 years	d. STREET ADDRESS Brice Rt.		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First HENRY Middle CLAY Last APPLEBERRY			4. DATE OF DEATH Month May Day 2 Year 1959		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Aug. 22, 1881		9. AGE (In years at birthday) 77 IF UNDER 1 YEAR: Months 7 Days 7 IF UNDER 24 HRS.: Hours 7 Min. 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) Warsaw, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Henry Appleberry		13b. MOTHER'S MAIDEN NAME Mollie Hunter		14. NAME OF HUSBAND OR WIFE Nora Annleberry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None.		17. INFORMANT Address Mrs. Nora Appleberry, Lebanon, 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) CEREBRAL APOPLEXY Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) HYPERTENSIVE HEART DISEASE DUE TO (c) - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) -					INTERVAL BETWEEN ONSET AND DEATH 1 DAY ?
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 443X			
20c. TIME OF INJURY Hour - a.m. - p.m. -		20d. INJURY OCCURRED WHILE AT ☐ 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 Laclede STATE Mo.			
21. I attended the deceased from 3-22-59 to 5-2-59 and last saw her alive on 5-1-59 Death occurred at 3:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE A. H. Knouse		(Degree or title) D.O.		22b. ADDRESS Lebanon, Mo.	
22c. DATE SIGNED 5/4/59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/5/59		23c. NAME OF CEMETERY OR CREMATORY Old Bolles Cemetery	
23d. LOCATION (City, town, or county) Laclede County Mo.					
24. FUNERAL DIRECTOR S. H. Palmer		ADDRESS Lebanon Mo		25. DATE RECD. BY LOCAL REG. 5-5-1959	
26. REGISTRAR'S SIGNATURE Hella L. May					

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 13 1959

Date Filed MAY 11 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 *S. P. Palmer*

Licensed Embalmer No. *2204*

P. O. Address *Lebanon, Mo.*

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.