

FEDERAL BUREAU OF INVESTIGATION
FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-020186

FILED VS. JUN 9 1960

STATE FILE NUMBER

ENDED

Registration District No. 231 Primary Registration District No. 4346 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery City</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Length of stay in 1b <u>Life</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> c. CITY OR TOWN <u>Montgomery City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Allison</u> Last <u>Appling</u>				4. DATE OF DEATH Month <u>May</u> Day <u>31</u> Year <u>1960</u>											
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> <u>Never Married</u> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-16-1880</u>		9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>10</u> Days		IF UNDER 24 HR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tailor (Retired)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Clothing</u>				11. BIRTHPLACE (City and state or country) <u>Montgomery County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>James Rice Appling</u>				13b. MOTHER'S MAIDEN NAME <u>Lou Emma Newklee</u>				14. NAME OF HUSBAND OR WIFE <u>Bessie Appling</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>				17. INFORMANT <u>Mrs. Bessie Appling</u> Address <u>Montgomery City, Mo.</u>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>chronic myocardial decompensation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>chronic arterio sclerotic heart disease</u> DUE TO (c) <u>cardiovascular vascular hypertension</u>												INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>10 yrs</u> <u>15 yrs</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) <u>fatal strokes</u>												PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 a.m. p.m.		Month, Day, Year													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <u>11-28-58</u> to <u>6-1-60</u> and last saw him alive on <u>MAY 30-1960</u> Death occurred at <u>12:56</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE (Degree or title) <u>Abel Van Cersdale DO</u>				22b. ADDRESS <u>Montgomery City</u>				22c. DATE SIGNED <u>6-1-60</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 1, 1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Montgomery Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>Montgomery City, Missouri</u>							
24. FUNERAL DIRECTOR <u>Schlanker Funeral Home</u> Address <u>Montgomery City Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>June 1-1960</u>				26. REGISTRAR'S SIGNATURE <u>Laura B. Callaway</u>							

(Licensed Embalmer's Statement on Reverse Side)

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 E. Boone Achlan

Licensed Embalmer No. 4136

P. O. Address Montgomery

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.