

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-034117
State File No.

FILED VS SEP 19 1960

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>4082</u>		Registrar's No. <u>81</u>	
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bogard</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Bogard</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>9c Home</u>				e. STREET ADDRESS (If rural, give location) <u>0170, None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>Richard</u>		c. (Last) <u>Applebury</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 5, 60</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Caucasian</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Mar 3, 1878</u>	
9. AGE (in years on birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bogard, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Jonathan Applebury</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Martha Ellen Applebury</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>487-78-229</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr J. R. Applebury Bogard Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mal-nutrition</u>		DUE TO (b) <u>Indisposed.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>8 MO.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Inaccurate thinking.</u>						8 mo.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>304X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1, 1960</u> to <u>Sept. 5, 1960</u> , that I last saw the deceased alive on <u>Sept. 4, 1960</u> and the death occurred at <u>10:30 a.m.</u> from the causes and on the date stated above.							
23. SIGNATURE <u>Jonathan Applebury</u> (Degree or title) <u>Station</u>				23b. ADDRESS <u>Carrollton, Missouri</u>		23c. DATE SIGNED <u>Sept. 6/60</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>Sept 8, 1960</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OAK Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/8/60</u>		REGISTRAR'S SIGNATURE <u>Mr. Herbert Clevor</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Diabron Funeral Home, Bogard, Mo.</u>			

1-75-1

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. 5 working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Samuel M. Rice

Licensed Embalmer No. 5087

P. O. Address Dogard,

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.