

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=61-035841

STATE FILE NUMBER

Registration District No. **38**

38

Primary Registration District No. **3006**

3006

Registrar's No. **610**

610

AMENDED

FILED OCT 16 1961

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Montgomery City	
Length of stay in 1b 3 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Medical Center. M.U.		d. STREET ADDRESS (If outside, give location) 528 SULLIVAN	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Evelyn Middle Miller Last Appleby		4. DATE OF DEATH Month 10 Day 9 Year 1961	
5. SEX Female	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 6-22-95
9. AGE (last birthday) 64		IF UNDER 1 YEAR Months 6 Days 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) Rush Hill, MO		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Henry Miller		13b. MOTHER'S MAIDEN NAME Ada Washburn	
14. NAME OF HUSBAND OR WIFE Homer Appleby		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. -		17. INFORMANT Address Helen Burchfield (daughter)	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) HEPATIC COMA DUE TO (b) HEPATO RENAL SYNDROME DUE TO (c) DISSEMINATED LUPUS ERYTHEMATOSUS INTERVAL BETWEEN ONSET AND DEATH 36 HRS. 2 YRS. 3 YRS. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gastrointestinal hemorrhage 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 8:40 A a.m. p.m.	Month, Day, Year Oct 6, 1961	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 Oct 6, 1961 to Oct 9, 1961 and last saw her alive on Oct 9, 1961 Death occurred at 8:40 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert M. Moellerhoff M.D.		22b. ADDRESS 414 N. 1st St. Columbia, MO	
22c. DATE SIGNED Oct 9, 1961		23a. BURIAL, CREATION, REMOVAL (Specify)	
23b. DATE 10-13-61		23c. NAME OF CEMETERY OR CREMATOR Montgomery City	
23d. LOCATION (City, town, or county) Montgomery MO		24. FUNERAL DIRECTOR ADDRESS C. S. Perkins Montgomery MO	
25. DATE RECD. BY LOCAL REG. Oct 10 1961		26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

(Licensed Emballer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 OCT 23 100

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 on 2nd 9th day oct 1961, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Cris Saffron

Licensed Embalmer No. 1489

P. O. Address Thousand Oaks, Calif.

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.