

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041804

AMENDED

Registration District No. 233 Primary Registration District No. 4346 Registrar's No. 65

STATE FILE NUMBER

FILED DEC 12 1961

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Montgomery City Mo</u>		c. CITY OR TOWN <u>Montgomery City Mo</u>	
Length of stay in 1b <u>life</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>Home</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Homer</u> Middle <u>Harrison</u> Last <u>Appleby</u>	4. DATE OF DEATH Month <u>Dec</u> Day <u>4</u> Year <u>1961</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-1-1893</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>68</u> Days <u>68</u>	IF UNDER 24 HR Hours <u>68</u> Min. <u>68</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Near Montgomery City Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>John Appleby</u>	13b. MOTHER'S MAIDEN NAME <u>Un Known</u>	14. NAME OF HUSBAND OR WIFE <u>Evelyn Appleby "Decased"</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	17. INFORMANT Address <u>Mrs Walter Birchfield Montgomery Mo</u>
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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>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudd - 8 yr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Arterioæclerotic Heart Disease</u>	
	DUE TO (c) <u>Pulmonary Emphysema and Prostatism</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <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.)
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20c. TIME OF INJURY Hour : Month, Day, Year a.m. p.m.	<u>none</u>
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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
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21. I attended the deceased from 1935 to Dec 4, 1961 and last saw ^{her} him alive on Dec. 3, 1961
Death occurred at 3:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) <u>E. J. Anderson, M.D.</u>	22b. ADDRESS <u>Montgomery City, Mo.</u>	22c. DATE SIGNED <u>12-5-61</u>
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23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-6-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Montgomery City Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Montgomery City Mo</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Montgomery City Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12/5/1961</u>	26. REGISTRAR'S SIGNATURE <u>Laura B Callaway</u>
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DATE AMENDED

INSIDE OF DOCUMENT

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF ITEM NO. SHOULD READ

BY AFFIDAVIT OF

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 the 4 th day of Dec 1961, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed C. W. Hopkins
C. W. Hopkins

Licensed Embalmer No. 1487

Montgomery City Mo
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.