

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016384
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 292 Primary Registration District No. _____ Registrar's No. _____

FILED MAY 14 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Ralls | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal | | c. CITY OR TOWN Hannibal | |
| Length of stay in 1b | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence | | d. STREET ADDRESS (If outside, give location) RR # 3 | |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First IDA Middle MAY Last APEL | | 4. DATE OF DEATH Month May Day 4 Year 1962 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Nov. 9, 1885 |
| 9. AGE (last birthday) 78 | | IF UNDER 1 YEAR Months 5 Days 25 Hours Min. | |
| 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) Ralls County Mo. | | 12. CITIZEN OF WHAT COUNTRY U S A | |
| 13a. FATHER'S NAME Alexander Stewart | | 13b. MOTHER'S MAIDEN NAME Katherine Gerkin | |
| 14. NAME OF HUSBAND OR WIFE George Apel | | 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 Mrs. Elnora Yargus Hannibal Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral thrombosis | | INTERVAL BETWEEN ONSET AND DEATH | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | 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 Month Day Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 March 16, 1962 to May 6, 1962 and last saw her alive on April 10, 1962 Death occurred at 5:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE [Signature] (Degree or title) | | 22b. ADDRESS Hannibal Mo. | 22c. DATE SIGNED May 4, 1962 |
| 23a. BURIAL / CREMATION / REMOVAL (Specify) Burial | 23b. DATE May 7, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | 23d. LOCATION (City, town, or county) (State) Hannibal Missouri |
| 24. FUNERAL DIRECTOR Smith's Funeral Home Hannibal Missouri | | 25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE Hurstadwika M.D. |

MAY 15 1962

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,

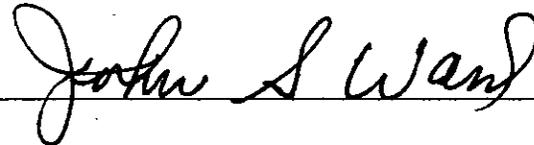
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____



Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.