

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018256

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 50 Primary Registration District No. 517B Registrar's No. 29

FILED JUN 12 1962

VS 300
Rev. 4/59

0150
20150

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4 1
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12 90-0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Camden		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twsp		Length of stay in lb life	c. CITY OR TOWN Richland
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Richland Rt #1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rural Rt #1
3. NAME OF DECEASED (Type or print) First Ida Middle Caroline Last Appling		4. DATE OF DEATH Month June Day 2 Year 1962	
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 Jan 1 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Camden County Mo
13a. FATHER'S NAME Smith D Holdren		13b. MOTHER'S MAIDEN NAME Sarah E Goza	14. NAME OF HUSBAND OR WIFE Claude Appling
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. None	17. INFORMANT Address Chandos Appling Richland Rt #1 Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute heart failure.			INTERVAL BETWEEN ONSET AND DEATH None
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ASHD & Arterial Sclerosis			? years
DUE TO (c) Myocardial insufficiency, Class III 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 checked="" 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. _____	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 29 Dec 61 to 1 June 62 and last saw her/him alive on 1 June 62 Death occurred at 6 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Dwan M. Ward MD		22b. ADDRESS Richland, Missouri	22c. DATE SIGNED 6/3/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/4/62	23c. NAME OF CEMETERY OR CREMATORY Mt View Cemetery	23d. LOCATION (City, town, or county) (State) Richland Rt Camden Missouri
24. FUNERAL DIRECTOR ADDRESS Moss-Williams Richland, Missouri		25. DATE RECD. BY LOCAL REG. June 4 - 1962	26. REGISTRAR'S SIGNATURE Filpha J. Inaw.

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

Clarence Pross

Licensed Embalmer No.

4896

P. O. Address

Waynesville, NC

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.