

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012660

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 274

Primary Registration District No. 3062

Registrar's No. 103

FILED MAR 22 1963

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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

|                                                                                                                                                                                                                                                                                                                                                                |                           |                                                                                                                                                             |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Pettis                                                                                                                                                                                                                                                                                                                          |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Pettis                                 |                             |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Sedalia                                                                                                                                                                                                                                                                                   |                           | c. CITY OR TOWN Sedalia                                                                                                                                     |                             |
| Length of stay in 1b 12 years                                                                                                                                                                                                                                                                                                                                  |                           | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                           |                             |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Bothwell Hospital                                                                                                                                                                                                                                                               |                           | d. STREET ADDRESS (If outside, give location)<br>400 East Second                                                                                            |                             |
| Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                              |                           | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                          |                             |
| 3. NAME OF DECEASED (Type or print)<br>First DAVID Middle APPLEBY Last                                                                                                                                                                                                                                                                                         |                           | 4. DATE OF DEATH<br>Month March Day 17 Year 1963                                                                                                            |                             |
| 5. SEX<br>Male                                                                                                                                                                                                                                                                                                                                                 | 6. COLOR OR RACE<br>White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br>1/19/73 |
| 9. AGE (last birthday)<br>90                                                                                                                                                                                                                                                                                                                                   |                           | 10. IF UNDER 1 YEAR<br>Months Days Hours Min.                                                                                                               |                             |
| 11. BIRTHPLACE (City and state or country)<br>Linn Creek, Missouri                                                                                                                                                                                                                                                                                             |                           | 12. CITIZEN OF WHAT COUNTRY<br>U.S.A.                                                                                                                       |                             |
| 13a. FATHER'S NAME<br>Not known                                                                                                                                                                                                                                                                                                                                |                           | 13b. MOTHER'S MAIDEN NAME<br>not known                                                                                                                      |                             |
| 14. NAME OF HUSBAND OR WIFE<br>not known                                                                                                                                                                                                                                                                                                                       |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>No *****                                     |                             |
| 16. SOCIAL SECURITY NO.<br>none                                                                                                                                                                                                                                                                                                                                |                           | 17. INFORMANT<br>Address Sedalia,<br>Ruby Duncan, 400 E. Second, Missouri                                                                                   |                             |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) Terminal Bronchopneumonia<br>DUE TO (b) Bedrest<br>DUE TO (c) Senile Mental Deterioration<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                           | INTERVAL BETWEEN ONSET AND DEATH                                                                                                                            |                             |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                              |                           | 20a. ACCIDENT SUICIDE HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <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<br>Hour Month, Day, Year<br>a.m. p.m.                                                                                                   |                             |
| 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 3-28-60 to 3-17-63 and last saw her alive on 3-16-63<br>Death occurred at 10:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                     |                           | 22a. SIGNATURE (Degree or title)<br>Harold B. Bonest MD                                                                                                     |                             |
| 22b. ADDRESS<br>101 1/2 S. Ohio<br>Sedalia, Mo.                                                                                                                                                                                                                                                                                                                |                           | 22c. DATE SIGNED<br>3-19-63                                                                                                                                 |                             |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Buried                                                                                                                                                                                                                                                                                                            |                           | 23b. DATE<br>3/19/63                                                                                                                                        |                             |
| 23c. NAME OF CEMETERY OR CREMATORY<br>Providence Cemetery                                                                                                                                                                                                                                                                                                      |                           | 23d. LOCATION (City, town, or county) (State)<br>Rural Pettis County, Mo.                                                                                   |                             |
| 24. FUNERAL DIRECTOR<br>Thomas E. Ewing                                                                                                                                                                                                                                                                                                                        |                           | 25. DATE RECD. BY LOCAL REG.<br>March 19, 1963                                                                                                              |                             |
| 26. REGISTRAR'S SIGNATURE<br>Francis Shelby                                                                                                                                                                                                                                                                                                                    |                           | 27. N. Anderson                                                                                                                                             |                             |

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**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 *C. E. Baker*

Licensed Embalmer No. 2419

P. O. Address *Sedalia Mo*

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.