

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038793

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 10

Primary Registration District No. 3002

Registrar's No.

VS 300
Rev. 4/59

1 0047

2 0047

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5 1

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12 1-0

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY Audrain

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Mexico Length of stay in 1b 50 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Audrain Hospital Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Audrain

c. CITY OR TOWN Mexico Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1014 Currico St. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last William Arthur Applebee

4. DATE OF DEATH Month Day Year Nov. 10, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Aug. 23, 88

9. AGE (last birthday) 75 yrs. IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Carpenter

11. BIRTHPLACE (City and state or country) Walkendah, Kansas

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John T. Applebee

13b. MOTHER'S MAIDEN NAME Margaret E.

14. NAME OF HUSBAND OR WIFE Mattie Jasse

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. 486-16-6928

17. INFORMANT Address Mrs. Mattie Applebee, Mexico, 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) CEREBRAL Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 5 days 10 yrs

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.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 May 1955 to Nov 10, 1963 and last saw him alive on Nov 9, 1963. Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Benjamin G. Dally MD

22b. ADDRESS 112 W. Clark Mexico, Mo. 22c. DATE SIGNED 11/12/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Nov. 11, 63

23c. NAME OF CEMETERY OR CREMATORY Elmwood

23d. LOCATION (City, town, or county) Mexico, Mo. (State)

24. FUNERAL DIRECTOR ADDRESS Precht Funeral Home, Mexico, Mo.

25. DATE RECD. BY LOCAL REG. November 13, 1963

26. REGISTRAR'S SIGNATURE Alberto Edmundo

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 Delbert A. Eaker

Licensed Embalmer No. 5231

P. O. Address Mexico, 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.