

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25502

FILED AUG 16 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 247

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| 1. PLACE OF DEATH a. COUNTY St. Francois 0940 | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri St. Francois 0940 | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elvins | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elvins 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) | |

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|-------------------------------------|-------------------|-------------|----------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) DAILEY | b. (Middle) | c. (Last) APPLEBERRY | 4. DATE OF DEATH (Month) (Day) (Year) Aug-3-1952 |
|-------------------------------------|-------------------|-------------|----------------------|---|

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|---------------|------------------------|--|------------------------------|------------------------------------|--------------------------|-------------------------|-------|------|
| 5. SEX male 0 | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan-30-1885 | 9. AGE (In years last birthday) 67 | IF UNDER 1 YEAR Months 6 | IF UNDER 24 HRS. Days 3 | Hours | Min. |
|---------------|------------------------|--|------------------------------|------------------------------------|--------------------------|-------------------------|-------|------|

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|---|-----------------------------------|--|-------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Doctor (MD) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) St. Francois, Missouri 0 | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME James Appleberry | 13b. MOTHER'S MAIDEN NAME Fannie Mathews | 14. NAME OF HUSBAND OR WIFE Ruth Appleberry |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ruth Appleberry | ADDRESS Elvins, Mo |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 yrs. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerosis DUE TO (c) Hypertension | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| | | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Jan 1952, to Aug 3, 1952, that I last saw the deceased alive on Aug 2, 1952, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) C. H. Appleberry MD | 23b. ADDRESS Flat River Mo | 23c. DATE SIGNED 8-3-52 |
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|---|----------------------|------------------------------------|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE Aug-5-1952 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Ada, Ohio |
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| DATE REC'D BY LOCAL REG. Aug 4, 1952 | REGISTRAR'S SIGNATURE 289-0 Esther Rudloff | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sparks F. Home Flat River, Mo |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 2 1 1952

SEP - 2 1952

AUG 26 1952

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
Student Embalmer

Signed Murphy Sparks
Licensed Embalmer No. 4256
P. O. Address Hartsville, 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 this body is not embalmed, fact should be so stated above.