

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42775**

FILED JAN 5 1953

BIRTH NO.		REG. DIST. NO. <b>187</b>	PRIMARY REG. DIST. NO. <b>3090</b>	Registrar's No. <b>178</b>
1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>Missouri</b> b. COUNTY <b>Caldwell</b>		
b. CITY OR TOWN <b>Chillicothe</b>	c. LENGTH OF STAY (in this place) <b>6 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Beech Knoll Gr.</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Chillicothe Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>013, 1/2</b>		
3. NAME OF DECEASED (Type or Print) <b>Charles Guthrie Appleby</b>		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <b>12 14 1952</b>	5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-16-1887</b>
9. AGE (In years last birthday) <b>64</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Railroader</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bogard, Mo</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
13a. FATHER'S NAME <b>Francis M Appleby</b>	13b. MOTHER'S MAIDEN NAME <b>Mary E. Young</b>	14. NAME OF HUSBAND OR WIFE <b>Stella Appleby</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)	16. SOCIAL SECURITY NO. <b>715-05-7735</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Stella Appleby</b> ADDRESS		
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Artery Disease</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the deceased from <b>Dec 7, 1952</b> to <b>Dec 14, 1952</b> , that I last saw the deceased alive on <b>Dec 13, 1952</b> , and that death occurred at <b>4 A. M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Joseph G. Conrad M.D.</b> (Degree or title)		23b. ADDRESS <b>Chillicothe, Mo</b>		23c. DATE SIGNED <b>Dec 26 52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-16-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Beech Knoll Mo</b>	
DATE REC'D BY LOCAL REG. <b>12-26-52</b>	REGISTRAR'S SIGNATURE <b>Frances B. Neill</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomson Funeral Home</b> ADDRESS <b>Beech Knoll, Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FEB 10 1953

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

*Bernard J. Meach*

..... Licensed Embalmer No. *2801* .....

P. O. Address *Brazos, 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.