

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12319

State File No.

No. 300

10.48

FILED MAY 3 1955.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If location: residence before death) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		c. LENGTH OF STAY (in this place) 2 YRS	c. CITY OR TOWN JOPLIN
d. FULL NAME OF HOSPITAL OR INSTITUTION 801 OHIO		e. STREET ADDRESS (If rural, give location) 801 OHIO 0475	

3. NAME OF DECEASED (Type or Print) a. (First) HARVEY b. (Middle) H. c. (Last) APPERSON			4. DATE OF DEATH (Month) (Day) (Year) APR 27 1955		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 3, 1881	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DAIRY MAN		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN APPERSON	13b. MOTHER'S MAIDEN NAME IDA HOSTETTER	14. NAME OF HUSBAND OR WIFE PEARL APPERSON
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME PEARL APPERSON	ADDRESS JOPLIN
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tubercular Intercolitis		INTERVAL BETWEEN ONSET AND DEATH
	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. Marked Emaciation 002x		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF EXAMINATION Had been patient in Jasper County tuberculosis sanatorium until 2 months previous to death	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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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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 **(did not attend)**, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **5:15** a.m., from the causes and on the date stated above.

23a. SIGNATURE Howard Ernestus Connor Jasper County	(Degree or title)	23b. ADDRESS 2nd National Building Joplin	23c. DATE SIGNED 4-28-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE APR 29 1955	24c. NAME OF CEMETERY OR CREMATORY PURCELL	24d. LOCATION (City, town, or county) (State) PURCELL MO
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DATE REC'D BY LOCAL REG. 4-29-55	REGISTRAR'S SIGNATURE Ed [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE HURLBERT GLOVER, JOPLIN	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

County File Number 55-5-283
Date Filed MAY 2 1955
Office

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 Dale George.....

Licensed Embalmer No. 45

P. O. Address Joplin.....

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.