

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

59-000915
 STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 24E

300
 1-57

| | | | |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Greene | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Urbana |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Springfield INSTITUTION Baptist Hospital 2 weeks | | Length of stay in lb | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First William Middle J. Last Appling | | | 4. DATE OF DEATH Month January Day 6, Year 1959 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH October 12, 1895 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 9. AGE (In years last birthday) 63 |
| 11. BIRTHPLACE (City and state or country) Laclede County, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Charles E. Appling | | 13b. MOTHER'S MAIDEN NAME Emma Martin | 14. NAME OF HUSBAND OR WIFE Emma Appling |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) None | | 16. SOCIAL SECURITY NO. 497-40-9252 | 17. INFORMANT Address Emma Appling Urbana, Missouri |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Poly cystic Kidney Disease DUE TO (c) - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) - | | | INTERVAL BETWEEN ONSET AND DEATH July 1948 |
| 20a. ACCIDENT SUICIDE HOMICIDE <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.) ITEM 25 CORRECTED BY AFFIDAVIT OF Registrar 1-30-59 JDC | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ 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 July 1948 to 6 Jan 1959 and last saw ^{him} him alive on 6 Jan 1959 Death occurred at 3:30 A. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Stanley S. Peterson MD | | 22b. ADDRESS Springfield, Mo | 22c. DATE SIGNED 9 Jan 59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Jan. 8, 1959 | 23c. NAME OF CEMETERY OR CREMATORY Lebanon | 23d. LOCATION (City, town, or county) (State) Lebanon, Missouri |
| 24. FUNERAL DIRECTOR Allen F. Vaughan | | 25. DATE RECD. BY LOCAL REG. 1-12-59 | 26. REPORTER'S SIGNATURE Effie B. Melton |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *L. Pauline Gorman*

Licensed Embalmer No. *3177*

P. O. Address *Springfield, 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.