

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018538

STATE FILE NUMBER
3048 Registrar's No. 145

JUN 15 1959

Registration District No. 251 Primary Registration District No.

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maitland
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St Francis Hospital		Length of stay in lb 3 wks	d. STREET ADDRESS (If outside, give location) 0740 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FRANK APPELMAN			4. DATE OF DEATH Month Day Year May 28 1959
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWER <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-12-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret farmer		10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (City and state or country) Monroe Co., Ill.
12. CITIZEN OF WHAT COUNTRY? usa		13. FATHER'S NAME Augustus Appleman	
13b. MOTHER'S MAIDEN NAME Hannah McReynolds		14. NAME OF HUSBAND OR WIFE Iva Ward Appleman	
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. none	17. INFORMANT Address Doile Appleman, Skidmore, 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) arteriosclerosis & cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH 7 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 5-5-59 to 5-29 and last saw him alive on 5-28-59 Death occurred at St Francis Hosp 130 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Dr. C. E. ... (Degree or title)		22b. ADDRESS Maryville, Mo	22c. DATE SIGNED 5-29-59
23a. BURIAL, CREMATION, REINSTATE (Specify) burial	23b. DATE 5/30/1959	23c. NAME OF CEMETERY OR CREMATORY Maitland Cemetery	23d. LOCATION (City, town, or county) (State) Maitland, Mo.
24. FUNERAL DIRECTOR W. H. ... ADDRESS		25. DATE RECD. BY LOCAL REG. 5-31-59	26. REGISTRAR'S SIGNATURE Bess Holt

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
-57

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 *G. M. Atkins*

Licensed Embalmer No. *2379*
P. O. Address *Mayall*

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.