

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-021618

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 285

FILED JUN 26 1961

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u> | Length of stay in 1b <u>73</u> Years | c. CITY OR TOWN <u>Joplin</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>801 Ohio</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>801 Ohio</u> |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |

| | | | | | | |
|--|----------------------------------|---|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Pearl</u> Middle <u>Apperson</u> Last <u>Apperson</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>15</u> Year <u>1961</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>3/31/1888</u> | 9. AGE (last birthday) <u>73</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u> | 11. BIRTHPLACE (City and state or country) <u>Jasper Co., Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U S A</u> | |
| 13a. FATHER'S NAME <u>Ace Pierson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Daisy Clayton</u> | | 14. NAME OF HUSBAND OR WIFE <u>Harvey Apperson (Deceased)</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. ----- | 17. INFORMANT Address <u>Mrs. S.A. Poole, Baxter Springs, Kansas</u> | | | |

| | | |
|---|------------------|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>INST</u> |
| 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) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
|---|--|--|--|

| | | | |
|--|---|--|--------------------------|
| 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 _____ a.m. _____ p.m. | Month, Day, Year _____ | | |
| 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 DID NOT ATTEND and last saw her/him alive on _____
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | | |
|--|-----------------------------------|--|--|------------------|
| 22a. SIGNATURE (Degree or title) <u>Rendell Fuhr, DDS CORONER</u> | | 22b. ADDRESS <u>508 FAISCO BLDG. JOPLIN, MO, 6-18-61</u> | | 22c. DATE SIGNED |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>June 19, 1961</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Galena, Kansas</u> | |
| 24. FUNERAL DIRECTOR <u>Hurlbut-Glover Mortuary, Joplin, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>6-19-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Noel Merriam</u> | |

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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.