

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 9 1955

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> )	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>1 hour</u>	c. CITY OR TOWN <u>Avalon, Missouri</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>RFD -3/4 miles south.</u>		05800	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>	b. (Middle) <u>DENNIS</u>
		c. (Last) <u>APPLEBERRY</u>	
4. DATE OF DEATH		(Month) <u>Jan.</u>	(Day) <u>19th</u>
		(Year) <u>1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 22, 1880</u>
9. AGE (In years last birthday) <u>74</u>		10. MONTH <u>3</u>	11. DAY <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>livestock</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Richard Appleberry</u>	
		13b. MOTHER'S MAIDEN NAME <u>Mary Haynes,</u>	
		14. NAME OF HUSBAND OR WIFE <u>Ella Appleberry</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ella Appleberry</u>	
		ADDRESS <u>Avalon, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock Severe</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>Fractured Skull</u>	
DUE TO (c) <u>Fractured L hip</u>		DUE TO (a) <u>Fractured L hip</u>	
Conditions contributing to the death but not related to the disease or condition causing death. <u>E8124 2.5</u>			
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hide, etc.) <u>1/4 Mile S. Avalon</u>	
21c. (CITY, TOWN, OR TOWNSHIP) <u>Avalon</u>		(COUNTY) <u>Livingston</u>	
		(STATE) <u>Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1/19/55 11: P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
		21f. HOW DID INJURY OCCUR? <u>Walking down Road when struck by Auto</u>	
22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>55</u> , to <u>Jan 19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 19</u> , 19 <u>55</u> , and that death occurred at <u>2: P.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D. (Coroner)</u>		23b. ADDRESS <u>Chillicothe, Mo</u>	
		23c. DATE SIGNED <u>1/19/1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/20/1955</u>	
		24c. NAME OF CEMETERY OR CREMATORY <u>Avalon cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Avalon, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-19-55</u>		REGISTRAR'S SIGNATURE <u>Francis B. Neill</u>	
		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Austin, Tina, Missouri</u>	
		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 10 196

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.....  
*Clifford W Austin*

Licensed Embalmer No..... 323

P. O. Address..... Tina, Missou

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.