

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30861

FILED SEP 21 1950

5579 State File No. 716
REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 155 Registrar's No. 716

490

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

1. PLACE OF DEATH a. COUNTY <u>Jasper Co T. B. Hoop</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, write RURAL and give township) <u>Mineral</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jasper Co T. B. Hoop</u>		d. STREET ADDRESS (If rural, give location) <u>1027 West 3rd Street</u>	
3. NAME OF DECEASED a. (First) <u>George Franklin</u> b. (Middle) <u>Applegate</u> c. (Last) <u>Applegate</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 5 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 1, 1899</u>
9. AGE (In years last birthday) <u>51</u>	if UNDER 1 YEAR Months <u>3</u> Days <u>5</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Bar Tender</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Weir City Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>George Franklin Applegate</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Lee Applegate</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Lee Applegate</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>DK-</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs Rose Lee Applegate Joplin Mo</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES Morbidity 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. <u>1102X</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)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	
22. I hereby certify that I attended the deceased from <u>8/15</u> , 19 <u>50</u> , to <u>9/5</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9/5</u> , 19 <u>50</u> , and that death occurred at <u>1:30</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Jesse L. Neylon</u> (Degree or title) <u>U</u>		23b. ADDRESS <u>Webb City Mo</u>	23c. DATE SIGNED <u>9/5/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9/9/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Hope Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Webb City, Mo-</u>
DATE REC'D BY LOCAL REG. <u>Sept 11-50</u>	REGISTRAR'S SIGNATURE <u>J. L. Seckman</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Monkell Nelson Mortuary Joplin Mo</u>	

RECEIVED 9-19-50

Jasper County Health Office

County File Number 50-8-666

Date Filed 9-19-50

FEB 16 1951

SEP 22 1950

JUN 19 1951

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
Student Embalmer

Signed William E. Hussar

Licensed Embalmer No. 4770

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 this body is not embalmed, fact should be so stated above.