

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36617

State File No.

FILED OCT 19 1953

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 11

0720

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Como</u>		c. LENGTH OF STAY (In this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Como</u>		d. STREET ADDRESS (If rural, give location) <u>0720</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Residence</u>				3. NAME OF DECEASED a. (First) <u>Arthur</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Applegate</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>July - 2 - 53</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>m</u>	
8. DATE OF BIRTH <u>1893 - 8 - 21</u>		9. AGE (In years last birthday) <u>59-10-11</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (State or foreign country) <u>Illinois</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Errett Applegate</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Loape</u>		14. NAME OF HUSBAND OR WIFE <u>Emily Applegate</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW one</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <u>Emily Applegate Pisco, 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>Cancer. dated June 26</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>6 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION <u>Deeply and weak at Veterans Hospital, Memphis</u>				19b. MAJOR FINDINGS OF OPERATION <u>Deeply and weak at Veterans Hospital, Memphis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>3-9</u> , 19 <u>53</u> , to <u>July 2</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>July 2</u> , 19 <u>53</u> , and that death occurred at <u>8:30 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. O. Applegate</u>				23b. ADDRESS <u>Malden Mo</u>		23c. DATE SIGNED <u>July 11/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 4-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden Park Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>North of Malden Mo</u>	
DATE REC'D BY LOCAL REG. <u>10/16/53</u>		REGISTRAR'S SIGNATURE <u>Dr. Geo. H. Deusted</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas C. Knight</u>		ADDRESS <u>Malden, Mo</u>	

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 *Thomas C Knight*

Licensed Embalmer No. *2189*

P. O. Address *Malden 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.