

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26523

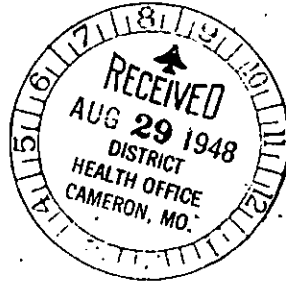
State File No. _____

FILED AUG 31 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>4171</u>		Registrar's No. <u>39</u>		
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: indicate before a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarksdale</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>		c. CITY (if outside corporate limits, write RURAL and give township) <u>Clarksdale</u>		32		
d. FULL NAME OF HOSPITAL OR INSTITUTION — — — — —				d. STREET ADDRESS (If rural, give location) <u>No street address</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amelia</u> b. (Middle) <u>Harper</u> c. (Last) <u>Applegate</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 8 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug 16 1895</u>		
9. AGE (In years last birthday) <u>53</u>		Months <u>11</u>		Days <u>22</u>		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Housework</u>			10b. KIND OF BUSINESS OR INDUSTRY — — — — —		11. BIRTHPLACE (State or foreign country) <u>Mason Co., Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Condit Stevenson</u>			13b. MOTHER'S MAIDEN NAME <u>Emma Sowards</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Applegate</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or foreign) (If yes, give war or date of service) <u>No</u>			16. SOCIAL SECURITY NO. — — — — —		17. INFORMANT'S SIGNATURE OR NAME <u>Henry Applegate</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, ashenia, etc. It means the disease, injury, or complication which caused death.								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs</u>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>				10 yrs?				
DUE TO (c)								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>9.91X</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
19c. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Oct. 1948</u> , to <u>Aug 8, 1949</u> , that I last saw the deceased alive on <u>Aug 8, 1949</u> , and that death occurred at <u>2:50 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>W. Arnold Fowler, M.D.</u>				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>Aug 11-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>Aug 11 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clearcut Mortuary, 4 mi east Clarksdale, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Clarksdale, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 11 1949</u>		REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Howard</u>		ADDRESS <u>Clarksdale</u>		

3106 4 190



NOV 20 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed Dale G. Oldfield

Signed.....
Student Embalmer

Licensed Embalmer No. H 5 42

P. O. Address Hamilton, TN

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.