

FILED FEB 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3766

State File No.

BIRTH NO.		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3001</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Audrain</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico</u> c. LENGTH OF STAY (If in this place) <u>39 days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bakers Nursing Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Buell, Mo.</u> d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARVEY</u> b. (Middle) <u>APPLEBEE</u> c. (Last) <u>APPLEBEE</u>		4. DATE OF DEATH (Month) <u>Feb.</u> (Day) <u>10</u> (Year) <u>1950</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>About 86</u>		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Applebee</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Maxwellie</u>		14. NAME OF HUSBAND OR WIFE			
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. <u>None</u>		17. INFORMANT'S SIGNATURE AND NAME <u>John Applebee</u> ADDRESS <u>Mexico, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>dry gangrene toes & feet</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Secondary Anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> <u>4 months</u> <u>5 yrs</u> <u>6 months</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>4221</u> (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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>Feb 9</u> , 1950, to <u>Feb 9</u> , 1950, that I last saw the deceased alive on <u>Feb 9</u> , 1950, and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thos. L. Genger, M.D.</u>				23b. ADDRESS <u>Mexico, Mo.</u>		23c. DATE SIGNED <u>2/11/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 12, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 12-1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edmund</u>		ADDRESS <u>Mexico, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED FEB 20 1950
District Health Officer No.
District File Number 2-58-2
Date Filed FEB 20 1950

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

Ralph L. Huie
Licensed Embalmer No. 4687

P. O. Address Mexico, 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.