

FILED FEB 9 1951

STANDARD CERTIFICATE OF DEATH

896

State File No.

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>GRUNDY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GRUNDY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TRENTON</u> <u>0402</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>401 W. 5th Street</u>		d. STREET ADDRESS (If rural, give location) <u>401 W. 5th Street</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MALISSA</u>	b. (Middle) <u>FRANCES</u>	c. (Last) <u>APPLEGATE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 26, 1951</u>
-------------------------------------	---------------------------	----------------------------	----------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Oct. 31, 1858</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Trenton, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY?
--	-----------------------------------	---	------------------------------

13a. FATHER'S NAME <u>James W. Stringer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary</u>	14. NAME OF HUSBAND OR WIFE <u>Alex Applegate</u>
---	---------------------------------------	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>C</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Sam Moss</u>	ADDRESS <u>Trenton, Missouri</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterio Sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 moe</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) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500</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) 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 Jan 22, 1951, to Jan 26, 1951, that I last saw the deceased alive on Jan 22, 1951, and that death occurred at 9:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. A. Duffly M.D.</u> (Degree or title)	23b. ADDRESS <u>Trenton</u>	23c. DATE SIGNED <u>Jan 27-51</u>
---	-----------------------------	-----------------------------------

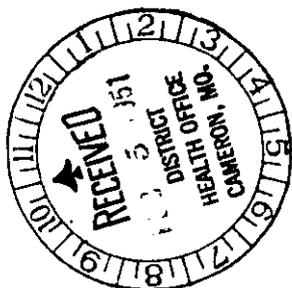
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/29/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mabel Grove Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Trenton, Missouri</u>
---	--------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-29-51</u>	REGISTRAR'S SIGNATURE <u>Jane Fair</u> <u>115</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles D. Sipeon</u>	ADDRESS <u>Trenton, Mo.</u>
---	---	---	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0402



APR 21 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.....
Student Embalmer

Signed Charles D. Lijson

Licensed Embalmer No. 3109

P. O. Address Trenton, Missouri

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.