

STANDARD CERTIFICATE OF DEATH

5673

28658

State File No.

REG. DIST. NO. 180

PRIMARY REG. DIST. NO. 5672

Registrar's No. 21

BIRTH NO.

I. PLACE OF DEATH

a. COUNTY LINCOLN

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monroe Township

c. LENGTH OF STAY (In this place) 2 hrs.

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 100 yards North of Winfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE MISSOURI
b. COUNTY LINCOLN

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Burr Oak Township

d. STREET ADDRESS (If rural, give location) 4 mile north of Foley

3. NAME OF DECEASED (Type or Print) ROY

a. (First) ALVIN

b. (Middle) APPLEGATE

c. (Last) 4. DATE OF DEATH (Month) (Day) (Year) SEPT. 4, 1952

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED

8. DATE OF BIRTH DEC. 15, 1892

9. AGE (In years last birthday) 59

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRACK SUPERVISOR

10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q. RAILROAD

11. BIRTHPLACE (City and State or Foreign Country) EXLINE, IOWA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME ANDREW J. Applegate

13b. MOTHER'S MAIDEN NAME SUSAN HAMILTON

14. NAME OF DECEASED'S WIFE FLORENCE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 707-09-5148

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Florence Applegate - Foley, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Thrombosis for Hemorrhage

ANTECEDENT CAUSES Arteriosclerotic Cardiovascular disease & Cerebral Sclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH circa 15-20 min. over 1 day

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4221

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8:00 a.m. on day of death, 9/4/52, that I last saw the deceased alive on 9/4/52, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Francisco Licon, M.D.

23b. ADDRESS P.O. Box 94 Winfield, Mo.

23c. DATE SIGNED 9/8/52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE SEPT. 6, 1952

24c. NAME OF CEMETERY OR CREMATOR Highland Prairie

24d. LOCATION (City, town, or county) (State) ETHLYN, Mo.

DATE REC'D BY LOCAL REG. 10-1952

REGISTRAR'S SIGNATURE Emma B. Riddle

GENERAL DIRECTOR'S SIGNATURE ADDRESS Charles Hicks - ELSEBERRY, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 16 1964

200 8 3 11 PM

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 _____



Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.