

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9143

State File No. _____

APR 14 1953

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 18

720

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

| | | | |
|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Christian</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ozark</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Republic</u> <u>0890</u> | |
| c. LENGTH OF STAY (In this place) <u>1 day</u> | | d. STREET ADDRESS (If rural, give location) <u>No. Main Street</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HAGUEWOOD HOSPITAL</u> | | | |

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|---|--|---|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>APPLEGATE</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>March 27-1953</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>Jan. 17-1875</u> | | 9. AGE (In years last birthday) <u>78</u> | | 10. # UNDER 1 YEAR <u>2</u> # UNDER 12 Mths. <u>10</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 <u>---</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Bruner, Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>Alfred Green</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louise (Unknown)</u> | | 14. NAME OF HUSBAND OR WIFE <u>Joe Marion Applegate</u> | |
|--|--|---|--|---|--|

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|--|--|-------------------------------------|--|--|--|
| 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 OR NAME ADDRESS <u>Mrs. Bessie Hays, Republic, Mo.</u> | |
|--|--|-------------------------------------|--|--|--|

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| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</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. | | | | | |

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|------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|------------------------|--|--|--|--|--|

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|--|--|--|--|---|--|
| 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 1 Mar, 1952, to 27 Mar, 1953, that I last saw the deceased alive on 27 Mar, 1953, and that death occurred at 7:00 A.M., from the causes and on the date stated above.

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|---|--|-------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE <u>J. D. Dwyer</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Ozark, Mo</u> | | 23c. DATE SIGNED <u>2 Apr 53</u> | |
|---|--|-------------------------------|--|----------------------------------|--|

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|---|--|-------------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>March 29-'53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Chadwick, Cemetery</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>Chadwick, Missouri</u> | |

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|---|--|--|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Apr 9, 1953</u> | | REGISTRAR'S SIGNATURE <u>Loretta Leonard</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John H. Harris, Clever, Mo.</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.