

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **537**

FILED JAN 11 1955

BIRTH NO. _____		REG. DIST. NO. #64		PRIMARY REG. DIST. NO. 5265		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY CHRISTIAN 0220				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHRISTIAN			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN "RURAL" SPARTA		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN CHADWICK		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION HIGHWAY #14				e. STREET ADDRESS (If rural, give location) R.F.D. 0220			
3. NAME OF DECEASED (Type or Print) a. (First) DELMER b. (Middle) ABBOTT c. (Last) APPLEGATE			4. DATE OF DEATH (Month) (Day) (Year) JAN. 2-1955				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 30-1922		9. AGE (In years last birthday) 32	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 3 Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCKER		10b. KIND OF BUSINESS OR INDUSTRY MILK HAULING		11. BIRTHPLACE (City and State or Foreign Country) CHADWICK, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME OAKTEN APPEL GATE		13b. MOTHER'S MAIDEN NAME LAURA		14. NAME OF HUSBAND OR WIFE MARIE HOUSE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME ADDRESS LAURA APPEL GATE, CHADWICK, MO.			
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) CRUSHED SKULL ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) AUTOMOBILE ACCIDENT DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS ONE CAR ACCIDENT-LEFT ROAD AND OVERTURNED SEVERAL TIMES Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH INSTANT
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION E8234 32				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HI #14-1/2 mile East of		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 22 (STATE) MO. > SPARTA TWSP. CHRISTIAN MO.			
21d. TIME OF INJURY JAN. 2-1955 1:30A.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? AUTO TRAVELING AT HIGH RATE OF SPEED WENT OFF PAVEMENT OVERTURNING SEVERAL TIMES			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30A.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John Alan Harris 3rd coroner Christian Co.				23b. ADDRESS Cleary, Mo.		23c. DATE SIGNED Jan 13-1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 4-1955	24c. NAME OF CEMETERY OR CREMATORY OLD BOSTON CEMETERY		24d. LOCATION (City, town, or county) (State) OLDFIELD, MISSOURI		
DATE REC'D BY LOCAL REG. Jan. 7/1955		REGISTRAR'S SIGNATURE Nannis Day		507- 507-		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Alan Harris Cleary, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed..... *John Alan Harris*.....

Licensed Embalmer No. *4390*.....

P. O. Address *Clever, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.