

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 5475
Registrar's No. 8

BIRTH NO. _____		REG. DIST. NO. 180		PRIMARY REG. DIST. NO. 4291		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Monroe</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Monroe</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ANDREW</u>		b. (Middle) <u>JACKSON</u>		c. (Last) <u>APPLEGATE</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 19, 1955</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>section foreman - retired - Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Burlington Railway</u>		8. DATE OF BIRTH <u>Sept. 3, 1864</u>		9. AGE (In years last birthday) <u>90</u>	
11. BIRTHPLACE (State or foreign country) <u>Viele, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Andrew J. Applegate, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Muhrer</u>	
14. NAME OF HUSBAND OR WIFE <u>Susan - died 1950</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NUMBER <u>R.R.B. H-31</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Powell - Old Monroe, 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>Acute Viral Pneumonia</u> ANTECEDENT CAUSES Morbidity 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>Cardio - Vascular - Renal Disease</u> 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u> <u>4 years or longer</u>	
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) _____		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 <u>Feb. 2, 1955</u> to <u>Feb. 19, 1955</u> , that I last saw the deceased alive on <u>Feb. 19, 1955</u> , and that death occurred at <u>2:50 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. L. Sutton</u>		162 (Degree or title) <u>O.D.</u>		23b. ADDRESS <u>Hampfield, Missouri</u>		23c. DATE SIGNED <u>2/25/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORIUM <u>Highland Prairie</u>		24d. LOCATION (City, town, or county) (State) <u>Ethlyn, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-5-1955</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		25. FLORAL DIRECTOR'S SIGNATURE <u>Chas. L. L. L.</u>		ADDRESS <u>Elsberry, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 26 1988

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 4012

P. O. Address Elsherry, 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.