

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

37283

State File No. _____

FILED NOV 28 1955

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>163</u>		PRIMARY REG. DIST. NO. <u>5896</u>		Registrar's No. <u>516</u>			
1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>JEFF</u>	
b. CITY OR TOWN <u>Rural Valle R#2</u>			c. LENGTH OF STAY (in this place) <u>YRS.</u>		c. CITY OR TOWN <u>DE SOTO</u>		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 <u>Route #2 DE SOTO</u>				e. STREET ADDRESS (If rural, give location) <u>Route 2</u>				<u>0 5000</u>	
3. NAME OF DECEASED (Type or Print) <u>ARTHUR</u>			a. (First) <u>R</u>		b. (Middle) <u>APPLEGATE</u>		c. (Last)		
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>18</u>		(Year) <u>1955</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY-19, 1895</u>		9. AGE (In years last birthday) <u>60</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>POULTRY RAISING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>ALBERT APPLEGATE</u>			13b. MOTHER'S MAIDEN NAME <u>WENDELL MELANIE</u>			14. NAME OF HUSBAND OR WIFE <u>LYDIA APPLEGATE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>327-01-7929</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LYDIA APPLEGATE</u>		ADDRESS <u>R2 De Soto, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>1561</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
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 <u>11-5</u> , 1955, to <u>11-18</u> , 1955, that I last saw the deceased alive on <u>11-18</u> , 1955 and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>De Soto, Mo</u>		23c. DATE SIGNED <u>11-19-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 21, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>DE SOTO Mo</u>			
DATE REC'D BY LOCAL REG. <u>11-19-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		141		25. FUNERAL DIRECTOR'S SIGNATURE <u>MAHN FUNERAL HOME</u>		ADDRESS <u>De Soto, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

DEC 6 1955

NOV 22 1955

APR 11 1956

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 *Daniel J. Mahre*.....

Licensed Embalmer No. *43*.....

P. O. Address *W. Va.*.....

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.