

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30143**

FILED SEP 24 1956

BIRTH NO. _____ REG. DIST. NO. **70** PRIMARY REG. DIST. NO. **4124** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY Clark.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clark	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kohoka	c. LENGTH OF STAY (In this place) 2 years	c. CITY OR TOWN Kohoka	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 2230	

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Valentine c. (Last) Applegate			4. DATE OF DEATH (Month) (Day) (Year) 9-18-56			
5. SEX M	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb 14 1875	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Velie Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andrew Applegate		13b. MOTHER'S MAIDEN NAME Julia Eppers		14. NAME OF HUSBAND OR WIFE Anna Fleming	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs Anna Applegate ADDRESS Kohoka 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bowels		
	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.			

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) 153X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 **July 1, 1956** to **Sept 17, 1956**, that I last saw the deceased alive on **Sept 17, 1956**, and that death occurred at **12:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Perry S. Barton MD		23b. ADDRESS Kohoka Mo		23c. DATE SIGNED 9-18-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-20-56		24c. NAME OF CEMETERY OR CREMATORY St. Paul Cemetery	
DATE REC'D BY LOCAL REG. 9/22-56		REGISTRAR'S SIGNATURE JRBridges		25. FUNERAL DIRECTOR'S SIGNATURE Fred Hark ADDRESS Kohoka Mo	

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

2330

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DEC 23 1958

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.....
Fred J. Karles

Licensed Embalmer No. *102*

P. O. Address *Kahoka 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.