

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12267

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1511

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI		b. COUNTY JACKSON 48	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 7 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSP.		d. STREET ADDRESS (If rural, give location) 3713 SUMMIT			
3. NAME OF DECEASED (Type or Print) a. (First) EARL			b. (Middle) EDWARD		c. (Last) APPLEBEE
4. DATE OF DEATH (Month) (Day) (Year) APRIL 4, 1949					
5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3, 1888	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent		10b. KIND OF BUSINESS OR INDUSTRY U. S. Rubber Co.		11. BIRTHPLACE (State or foreign country) Virginia, Nebraska	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Jess Applebee		13b. MOTHER'S MAIDEN NAME Margaret Van Dusen		14. NAME OF HUSBAND OR WIFE Mary	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 505-09-4558		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Applebee 3713 Summit	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anterior Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 2 1/2 wks
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery heart disease			2 1/2 yrs
		DUE TO (c) General Arteriosclerosis			3 yrs
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary fibrosis			2 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kansas City		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Mo. Mo.	
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 , 19 47 , to April 4 , 19 49 , that I last saw the deceased alive on April 4 , 19 49 , and that death occurred at 7:50 P. M. , from the causes and on the date stated above.					
23a. SIGNATURE Leo A. O'Brien (Degree or title) Leo A. O'Brien M.D.			23b. ADDRESS 1002 Argyle 306 E 12 KC. Mo		23c. DATE SIGNED 4-5-49
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 4/5/49		24c. NAME OF CEMETERY OR CREMATORY Florissant, Missouri	
24d. LOCATION (City, town, or county) (State) Florissant, Missouri					
DATE REC'D BY LOCAL REG. 4-5-49		REGISTRAR'S SIGNATURE Maeldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Quirk + Robin 20 West Linwood	

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 Maudie Adair

Licensed Embalmer No. 4016

P. O. Address 20 W. Linwood

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.