

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20333**

FILED JUL 5 1952
BIRTH NO. **35577** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **2722**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Prairie Village	
c. LENGTH OF STAY (In this place) 21⁰10¹		d. STREET ADDRESS (If rural, give location) 3908 West 74 Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) Baby Boy Applequist			4. DATE OF DEATH (Month) (Day) (Year) 6-3-1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 6-2-1952		9. AGE (In years last birthday): 21 10		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Missouri		
10b. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Calvin Ferdinand Applequist		13b. MOTHER'S MAIDEN NAME Betty Lou Cramer		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dated of service) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. R.F. Applequist ADDRESS 3908 W. 74 St. Prairie Village, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature (6 mo)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		10/15	
*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) Premature rupture membranes.			
		DUE TO (c)			

19a. DATE OF OPERATION June 4-52		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 **6-2, 1952**, to **6-3, 1952**, that I last saw the deceased alive on **6-3, 1952**, and that death occurred at **5:40 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Theodore H. Aschman (Degree or title) MD		23b. ADDRESS 174 Plaza Time Bldg		23c. DATE SIGNED June 6-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 6-5-52		24c. NAME OF CEMETERY OR CREMATORY St. Luke's Hospital	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE St. Luke's Hosp. K.C. Mo.		24f. ADDRESS	
DATE REC'D BY LOCAL REG. 6-16-52		REGISTRAR'S SIGNATURE St. Germaine Holmes		24g. FUNERAL DIRECTOR'S SIGNATURE St. Luke's Hosp. K.C. Mo.	

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.