

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029010

STATE FILE NUMBER

3800

FILED AUG 20 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN		Length of stay in lb 44 YRS.	d. STREET ADDRESS (If outside, give location) 6218 TRACY AVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Lydia M Applegate			4. DATE OF DEATH Month Day Year Aug - 5 - 1958
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 13, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) ST. Louis, MO
13a. FATHER'S NAME Ahmiel OTTO		13b. MOTHER'S MAIDEN NAME AMELIA-UNKNOWN	14. NAME OF HUSBAND OR WIFE William E Applegate
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. 499-18-3008	17. INFORMANT Address William E Applegate 6218 Tracy
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Thrombo-embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) chronic complete large bowel obstruction unkn DUE TO (c) chronic diverticulitis sigmoid unkn. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) colostomy			INTERVAL BETWEEN ONSET AND DEATH 2 days unkn.
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 7/30/58 to 8/5/58 and last saw her alive on 8/5/58 Death occurred at 7:35 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Hartwig MD (Degree or title)		22b. ADDRESS 701 E 63 KEMO	22c. DATE SIGNED 8/6/58
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	23b. DATE AUG 7, 1958	23c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons	23d. LOCATION (City, town, or county) (State) KANSAS CITY MO
24. FUNERAL DIRECTOR D.W. Newcomer's Sons		ADDRESS 133 BRUSH CREEK R.C. MO	25. DATE RECD. BY LOCAL REG. 8-8-58
		26. REGISTRAR'S SIGNATURE neva Minshall	

(Licensed Embalmer's Statement on Reverse Side)

F. H. Hartwig USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

*The Hartung
2113 Swift*



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 *John Kalsbeck*

Licensed Embalmer No. *4949*

P. O. Address *No. Kansas Co*

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.