

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001585

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 38

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hospital		Length of stay in lb 13 yrs	d. STREET ADDRESS (If outside, give location) 327 So. Spring
3. NAME OF DECEASED (Type or print) First Middle Last MARGARET B APPLEMAN		4. DATE OF DEATH Month Day Year JAN 19, 1959	
5. SEX FEMALE	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May-12-1873
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home maker		9b. KIND OF BUSINESS OR INDUSTRY Home	9c. AGE (In years last birthday) 85
10a. FATHER'S NAME John J. Brown		10b. MOTHER'S MAIDEN NAME Jane Edwards	10c. NAME OF HUSBAND OR WIFE George M. Appleman
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12. SOCIAL SECURITY NO. None	13. INFORMANT (Address) Mrs. Elma Sharp 2536 Norton K.C. Mo
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis with myocardial infarction.			15. INTERVAL BETWEEN ONSET AND DEATH 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.) 4201	
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 Death occurred at Independence 5:35 A.M. to 1-19-59 and last saw her alive on 1/19/59			
22a. SIGNATURE (Degree or title) Drs. Gröbske & Link		22b. ADDRESS 10901 Winner, Independence, Mo.	22c. DATE SIGNED 1-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE Jan-21-59	23c. NAME OF CEMETERY OR CREMATORY Mound Grove	23d. LOCATION (City, town, or county) (State) Independence - Mo
24. FUNERAL DIRECTOR Roland R. Speaks		25. DATE RECD. BY LOCAL REG. 1-21-59	26. REGISTRAR'S SIGNATURE James S. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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
Rollie Kessel

Licensed Embalmer No. *4690*.....
P. O. Address *Indep. 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.