

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005387
STATE FILE NUMBER

FILED MAR 11 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 988

300
-57

1. PLACE OF DEATH a. COUNTY Jack son		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Dawn Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Childrens Mercy		Length of stay in 1b 22 day 12 hrs.	d. STREET ADDRESS (If outside, give location) 0170

3. NAME OF DECEASED (Type or print) First Gregory Middle Allen Last Applebury			4. DATE OF DEATH Month 2 Day 22 Year 1959
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-4-1958	9. AGE (In years last birthday) 4 IF UNDER 1 YEAR Months 18 Days 18 IF UNDER 24 HRS. Hours 18 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Chillicothe, Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S. A.
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13a. FATHER'S NAME James Harvey Applebury	13b. MOTHER'S MAIDEN NAME Arma Caselman	14. NAME OF HUSBAND OR WIFE -
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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. -	17. INFORMANT Address James H. Applebury Dawn, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cardiac failure		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) chronic malnutrition	5 days
	DUE TO (c) congenital bowel malformation	4 mo. 12 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour 4:00 a.m. 00 Month, Day, Year 2-22-59 p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 Ludlow, Mo.	COUNTY	STATE
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21. I attended the deceased from Death occurred at 4:00A. to 2-22-59 and last saw her alive on 2-22-59 him	on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) R. S. Ames M.D.	22b. ADDRESS Mercy Hospital	22c. DATE SIGNED 2-22-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 2-23-59	23c. NAME OF CEMETERY OR CREMATORY Monroe Cem.	23d. LOCATION (City, town, or county) Ludlow, Mo.	(State)
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24. FUNERAL DIRECTOR Stine & Mc Clure	ADDRESS K. C. Mo.	25. DATE RECD. BY LOCAL REG. 2-22-59	26. REGISTRAR'S SIGNATURE Neva Marshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
D. PARTMAN

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

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**