

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15885**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **627**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) 14 days		d. STREET ADDRESS (If rural, give location) 2744 Penn Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Robert c. (Last) Applegate			4. DATE OF DEATH (Month) (Day) (Year) May 23, 1950.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 9, 1928	9. AGE (In years last birthday) 22	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY Tractor		11. BIRTHPLACE (State or foreign country) New Richmond, Ohio.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Henry Applegate	13b. MOTHER'S MAIDEN NAME Amelia Stevenson	14. NAME OF HUSBAND OR WIFE Wilma Mae Applegate
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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. 486-32-3766	17. INFORMANT'S SIGNATURE OR NAME Henry E. Applegate ADDRESS Clarksdale, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1 Ruptured spleen with		
	PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. and (b) 2. Abscesses left lung and (c) 3. Irregular fracture ribs 3 4 5 6th left.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION /	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cosby Andrew Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) May 6, 1950 4:30 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Head on collision of trucks
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22. I hereby certify that I attended the deceased from **5-6, 1950**, to **5-23, 1950**, that I last saw the deceased alive on **2-23, 1950**, and that death occurred at **8:00P m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert Applegate	23b. ADDRESS Clarksdale, Mo.	23c. DATE SIGNED 5-25-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 26, 1950	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery	24d. LOCATION (City, town, or county) (State) Clarksdale, Mo.
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DATE REC'D BY LOCAL REG. May 29, 1950	REGISTRAR'S SIGNATURE E. B. Lubins 382	25. FUNERAL DIRECTOR'S SIGNATURE Halter Meierhopper ADDRESS 1046 Gairoun St. St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Trauma to the fracture ribs 3, 4, 5, 6 on left

NOV 9 7 AM '30

JUN 5

1930

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.

Signed

Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri

Signed.....

Student Embalmer

P. O. Address St. Joseph, Missouri

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.