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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. 6287

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	IF UNDER 4 HRS. Hours Min.
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) No	16. SOCIAL SECURITY NO. (If yes, give way or dates of service) W***** 486-32-3766	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry E. Applegate 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, asphyxia, 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) Ruptured spleen with and laceration into abdominal space		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) 2. Abdominal left lung and irregular fracture ribs 3 4 5 6th left. DUE TO (c)		
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) Cozby Andrew Mo.
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

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 5-23, 1950, and that death occurred at 8:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Roscoe Chozick	23b. ADDRESS Suwanah 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 ADDRESS Walter Meierhoffer 1046 Goinun St. St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Trauma to the fracture ribs 3, 4, 5, 6 on left

RECEIVED  
MAY 9 7 AM '00

JUN 5

1900

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\*\*\*\*\*

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Student Embalmer No.

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working under my personal supervision.

Signed

*Raymond W. Morehead*

Licensed Embalmer No.

4413 Missouri

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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.