

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31670
STATE FILE NUMBER
4048

FILED SEP 19 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4048

300 0
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) KANSAS CITY		c. CITY OR TOWN KANSAS CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MENORAH MEDICAL CENTER (75 yrs)		d. STREET ADDRESS 3231 PROSPECT	
3. NAME OF DECEASED (Type or print) First Middle Last ANNIE L APPLEBY		4. DATE OF DEATH Month Day Year 8 29 57	
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 8-5-68
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) Sweden 4
13a. FATHER'S NAME A. G. Anderson		13b. MOTHER'S MAIDEN NAME Christina	14. NAME OF HUSBAND OR WIFE John Appleby
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. none	17. INFORMANT Florence Anderson (daughter) Kas. City, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarction 1 1/2 hours DUE TO (b) coronary insufficiency 1 1/2 hours DUE TO (c) Fracture of Right Hip 18 days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hip nailing Aug 14, 1957			INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours 1 1/2 hours 18 days
20a. ACCIDENT <input checked="" 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.) Broke Right Hip in falling Aug 11th, 1957	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 8 11 57 p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hazelwood Nursing Home	
		20f. CITY, TOWN, OR LOCATION Kansas City, Mo	
21. I attended the deceased from Aug 11th, 1957 to Aug 29th, 1957 and last saw him or her on Aug 29th, 1957			
Death occurred at 3 20 PM		m on the date stated above; and to the best of my knowledge from the causes stated.	
22a. SIGNATURE (Degree or title) Dr. Joseph Getelson M.D.		22b. ADDRESS 900 Realto Bldg	
		22c. DATE SIGNED 8-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug-31-1957	
		23c. NAME OF CEMETERY OR CREMATORY Edmwood	
		23d. LOCATION (City, town, or county) (State) Kansas City Missouri	
24. FUNERAL DIRECTOR MRS. C. L. FORSTER FUNERAL HOME, INC. KANSAS CITY, MISSOURI		25. DATE RECD. BY LOCAL REG. 8-30-57	
		26. REGISTRAR'S SIGNATURE New Marshall	

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Joseph Getelson M.D.

All diseases in Part I must be causally related.
Cancer, leukemia, etc. must use only standard nomenclature in item 18. NO symptoms will be 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 *J. Virgil Hennis*

Licensed Embalmer No. *3599*

P. O. Address *J. C. 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.