

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

## 59-031335

STATE FILE NUMBER

FILED VS. OCT. 5 1959

Primary Registration District No. 3000

Registrar's No. 295

295

DED

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Adams</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Keokuk</u> Length of stay in 1b <u>3 weeks</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Keokuk Hospital</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Adair</u> c. CITY OR TOWN <u>Keokuk</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>Keokuk</u> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>John William Applegate</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>Sept 28 '59</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <u>2-26-1882</u>	<b>9. AGE (last birthday)</b> <u>77</u>	<b>IF UNDER 1 YEAR</b> Months Days Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> - -		<b>11. BIRTHPLACE</b> (City and state or country) <u>Frankfort Mo.</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>Harrison Applegate</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Conley Tucker</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Jessie Applegate</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war and dates of service) -		<b>16. SOCIAL SECURITY NO.</b> -	
<b>17. INFORMANT</b> <u>John Applegate</u>		<b>Address</b> <u>Keokuk</u>		<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute circulatory Failure</u> DUE TO (b) <u>Coronary thrombosis &amp; infarction</u> DUE TO (c) <u>Arteriosclerotic heart disease</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>20 min</u> <u>unknown</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of prostate &amp; prostatitis</u>	
PART III. If deceased was female was there a pregnancy in last 90 d. s. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT SUICIDE HOMICIDE</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY STATE</b>	
<b>21. I attended the deceased from</b> <u>Sept. 26, 1959</u> to <u>Sept. 28, 1959</u> and last saw him alive on <u>Sept. 28, 1959</u> Death occurred at <u>10:26 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		<b>22a. SIGNATURE</b> (Degree or title) <u>John Applegate</u>		<b>22b. ADDRESS</b> <u>Keokuk, Mo.</u>	
<b>22c. DATE SIGNED</b> <u>9-29-59</u>		<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>burial</u>		<b>23b. DATE</b> <u>Oct. 1, 1959</u>	
<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>Keokuk Cemetery</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>Keokuk, Mo.</u>		<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>Keokuk, Mo.</u>	
<b>25. DATE RECD. BY LOCAL REG.</b> <u>9-30-59</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Noris W. Pattif</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 22 1959

JACK AUSTER, D.O.

1959  
OCT 9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack Auster

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.

OCT 6 1959