

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010774

FILED VS MAR 23 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1341

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 18 yrs.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTH HOSP.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8043 THE PASEO		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last ANTHONY E APPLEBY				4. DATE OF DEATH Month Day Year 3 4 60									
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2 12 84	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED BARBER			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MARYVILLE, MISSOURI		12. CITIZEN OF WHAT COUNTRY USA						
13a. FATHER'S NAME PEARSON APPLEBY			13b. MOTHER'S MAIDEN NAME ALICE WILLIAMS			14. NAME OF HUSBAND OR WIFE BESSIE 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. 491 22 6139		17. INFORMANT Address BESSIE APPLEBY 8043 PASEO K. C. 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) <i>Anterior wall Myocardial Infarction</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Myocarditis, and Coronary Arteriosclerosis</i> DUE TO (c) <i>Branchio pneumonia</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) <i>Diabetes Mellitus and Parkinson's Disease</i>								INTERVAL BETWEEN ONSET AND DEATH <i>Years.</i>					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)									
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year		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 COUNTY STATE					
21. I attended the deceased from <i>Feb 25, 1959</i> and last saw him alive on <i>Mar 4, 1960</i> Death occurred at <i>2 1/2 AM</i> on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) <i>D. Pearson, M.D.</i>						22b. ADDRESS <i>1025 E. 10th St. K.C. Mo</i>		22c. DATE SIGNED <i>3/8/60</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3 7 60		23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEM			23d. LOCATION (City, town, or county) (State) ST. JOSEPH MO.						
24. FUNERAL DIRECTOR ADDRESS D. W. NECOMER'S SONS K.C. MO.				25. DATE RECD. BY LOCAL REG. 3-7-60		26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i>							

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF **Pearson**

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 Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Danvers

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.