t. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-043347
STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1351

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Methodist — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
a. STATE: Missouri — b. COUNTY: Clinton
c. CITY OR TOWN: Lathrop (025 Twp.) — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Quincy — Middle: — Last: Young

4. DATE OF DEATH: Month: December — Day: 15 — Year: 1958

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [✓] 2 DIVORCED [ ]
8. DATE OF BIRTH: April 17, 1879
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months: 7 Days: 27 — IF UNDER 24 HRS.: Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Flagstuffer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Cameron, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: W. S. McKee
13b. MOTHER'S MAIDEN NAME: Sally Rogers
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: DeMoss-Krunk Mortuary. Address: Lathrop, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Uremia	3 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Obstruction to ureters	4 weeks
DUE TO (c)	Carcinoma Right Kidney	Unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 180X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 Nov. 27, 1958, to Dec. 15, 1958 and last saw her alive on Dec. 15, 1958
Death occurred at 4:35 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Allen I. Herman (Degree or title) M.D.
22b. ADDRESS: 706 Francis St. Joseph, Mo.
22c. DATE SIGNED: 12-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Dec. 17, 58
23c. NAME OF CEMETERY OR CREMATORY: Lathrop Cemetery
23d. LOCATION (City, town, or county) (State): Lathrop — Mo.

24. FUNERAL DIRECTOR: DeMoss Krunk — ADDRESS: Cameron, Mo.
25. DATE RECD. BY LOCAL REG.: Dec. 18, 1958
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.
Dr. Allen I. Herman
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Orel Robinson

Licensed Embalmer No. 4232

P. O. Address Lathrop

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.