

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010225

STATE FILE NUMBER

FILED VS APR 7 1960

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY CASS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CASS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HARRISONVILLE		Length of stay in lb 2 DAYS	c. CITY OR TOWN ARCHIE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First CALLIE Middle ALMA Last YOUNG			4. DATE OF DEATH Month 3- Day 29- Year 1960			
5. SEX Female	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 4-7-1891	9. AGE (last birthday) 68	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Maker		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) Dawson Springs Kentucky		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME R.C. Creekmur		13b. MOTHER'S MAIDEN NAME ELIZABETH BARNES		14. NAME OF HUSBAND OR WIFE Verdie Young		
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. 497-36-8808A	17. INFORMANT Address Verdie Young Archie, 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) Posterior Coronary Occlusion DUE TO (b) Atherosclerosis DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)					INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cholecystitis & cholelithiasis					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 April 1952 to 1952 and last saw her/him alive on 3-26-60 Death occurred at 11:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE Edward S. Jones MD (Degree or title)			22b. ADDRESS Harrisonville, Mo		22c. DATE SIGNED 4-1-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-1-1960	23c. NAME OF CEMETERY OR CREMATORY LARNED CEMETERY		23d. LOCATION (City, town, or county) (State) LARNED, KANSAS		
24. FUNERAL DIRECTOR ATKINSON-DICKY HARRISONVILLE MO.			ADDRESS	25. DATE RECD. BY LOCAL REG. April 1-1960	26. REGISTRAR'S SIGNATURE Mrs. Roy Sebra	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Robert W. Adams

Licensed Embalmer No. 4902

P. O. Address Harmonville

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.