

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035138

FILED VS. OCT 14 1960 149

5011

STATE FILE NUMBER

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

DED

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Tenn.</u> b. COUNTY <u>Jackson</u>			
* a. b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>8 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		Inside Limits... Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp.</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1510 Glenwood</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Theodosia</u> Middle <u>Young</u> Last <u>G</u>				4. DATE OF DEATH Month <u>10</u> Day <u>4</u> Year <u>60</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Teens</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>3/1/1895</u>	9. AGE (last birthday) <u>65 yrs.</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmers</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Hope, Tenn. Ark.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Young</u>			13b. MOTHER'S MAIDEN NAME <u>Susan Wise</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>New Harmonia Jones</u>		Address <u>2515 E 17th</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septicemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>due to (b) sepsis due to (c) septicemic pneumonia</u>							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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.		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 <u>8-26-60</u> <u>1230</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated. and last saw her alive on <u>10-4-1960</u> Death occurred at <u>10-4-60</u>							
22a. SIGNATURE <u>H. L. Dwyer MD</u> (Degree or title)				22b. ADDRESS <u>2400 Cherry City</u>		22c. DATE SIGNED <u>10/4/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-8-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Highland</u>		23d. LOCATION (City, town, or county) <u>New City Mo.</u>		23e. STATE (State)	
24. FUNERAL DIRECTOR <u>W &amp; H's Bros. 18th &amp; Benton</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>10-5-60</u>		26. REGISTRAR'S SIGNATURE <u>H. L. Dwyer</u>	

DOCUMENT

MEDICAL CERTIFICATION

H. L. Dwyer

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 Drum R. Watkins

Licensed Embalmer No. 450

P. O. Address 18th of B

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