

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041353

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 189

Primary Registration District No. 1002

Registrar's No. 5718

STATE FILE NUMBER

AMENDED

FILED DEC 14 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</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>St. Joseph's Hospital</u>		d. STREET ADDRESS <u>Apt. #306</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>400 E. Armour</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Edwin K Youngblood</u>			4. DATE OF DEATH Month Day Year <u>November 15, 1961</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-9-1919</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Zone Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Electric</u>	11. BIRTHPLACE (City and state or country) <u>Cordelle, Georgia</u>
13a. FATHER'S NAME <u>Albert C. Youngblood</u>		13b. MOTHER'S MAIDEN NAME <u>Ida Cornelia Simmons</u>	14. NAME OF HUSBAND OR WIFE <u>Grace L. Youngblood</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Air Corps WWII</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Mrs. Grace Youngblood 400 E. Armour</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>Myocardial Failure</u> DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>Coronary Atherosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 mins</u> <u>1 week</u> <u>1 week</u> 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 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 Month, Day, Year 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>7 Nov. 61</u> to <u>present</u> and last saw him alive on <u>14 Nov 61</u> Death occurred at <u>7:15 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>George K Boyd MD</u>		22b. ADDRESS <u>5111 Independence Ave</u>	22c. DATE SIGNED <u>11-15-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11-15-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>—</u>	23d. LOCATION (City, town, or county) (State) <u>ATLANTA - GEORGIA</u>
24. FUNERAL DIRECTOR ADDRESS <u>Melody-McGilley-Eylar Woodland</u>		25. DATE RECD. BY LOCAL REG. <u>11-15-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth N. Long</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

GEORGE K. BOYD MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

Edwin H. Yo

Dr. Bayle

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 *Hal Thompson*

Licensed Embalmer No. *3408*

P. O. Address *Indep, IN*

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.