S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42508

FILED JAN 6 1953

BIRTH NO. ____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 503

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Indep. Sanitarium Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY DeKalb
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL - 4 Mile North of CAMERON Mo.
d. STREET ADDRESS (If rural, give location) 4 Mile North Cameron Mo 0320

3. NAME OF DECEASED (Type or Print)
a. (First) Fannie b. (Middle) Young c. (Last) DeAL

4. DATE OF DEATH (Month) (Day) (Year) 12 16 52

5. SEX F **6. COLOR OR RACE** W **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** Nov. 7-1885 **9. AGE** (In years last birthday) 67 If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY House Keeping
11. BIRTHPLACE (State or foreign country) Harrison County Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ritter Young
13b. MOTHER'S MAIDEN NAME Agnes Thompson
14. NAME OF HUSBAND OR WIFE OSCAR DeAL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME OSCAR DeAL **ADDRESS** Cameron Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis with rt hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ~~Hypertensive~~ cardiovascular Arteriosclerotic disease — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive Cardiovascular disease Diabetes mellitus — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4221
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/7, 1952, *to* 12/16, 1952, *that I last saw the deceased alive on* 12/15, 1952, *and that death occurred at* 12:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Vance E. Link (Degree or title) M.D.
23b. ADDRESS Independence, Mo
23c. DATE SIGNED 12/16/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 18-1952
24c. NAME OF CEMETERY OR CREMATORY Mound Grove
24d. LOCATION (City, town, or county) Independence (State) Missouri

DATE REC'D BY LOCAL REG. 12-17-52
REGISTRAR'S SIGNATURE James [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE Roland Funeral Home **ADDRESS** Cameron Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 .....
Student Embalmer

Signed Robert F Poland

Licensed Embalmer No. 4777

P. O. Address 222 west 3rd St. Tamaroa Mo

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 this body is not embalmed, fact should be so stated above.