

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34852

State File No. ....

FILED NOV 15 1954

BIRTH NO. ....

REG. DIST. NO. 274

PRIMARY REG. DIST. NO. 252

Registrar's No. 386

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>Sedalia</b>		c. LENGTH OF STAY (in this place) <b>1 yr.</b>		c. CITY OR TOWN <b>Sedalia</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1400 South Vermont</b>				e. STREET ADDRESS (If rural, give location) <b>1400 South Vermont 0809</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LAURA</b> b. (Middle) <b>ADALINE</b> c. (Last) <b>YOUSE</b>				4. DATE OF DEATH (Month) <b>Nov.</b> (Day) <b>7</b> (Year) <b>1954</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 18, 1870</b>	
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>84</b> Days <b>84</b> Hours <b>84</b> Min. <b>84</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pettis County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home-making</b>		13a. FATHER'S NAME <b>William H. Rodgers</b>		13b. MOTHER'S MAIDEN NAME <b>Adaline Stephens</b>	
14. NAME OF HUSBAND OR WIFE <b>John E. Youse</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>*****</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Florence Middleton, Sedalia,</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocardial disease</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic arthritis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Yes</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>4222</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Sept 5, 1954</b> , to <b>Nov 7, 1954</b> , that I last saw the deceased alive on <b>Nov 4, 1954</b> , and that death occurred at <b>2:30 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>H. A. Hite</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Green Ridge, Mo.</b>		23c. DATE SIGNED <b>11-8-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/9/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Sedalia, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>11/9/54</b>		REGISTRAR'S SIGNATURE <b>Louisa County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wm. Ewing</b>		ADDRESS <b>Sedalia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 19 1964

### 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 R. E. Baker

Licensed Embalmer No. 241

P. O. Address Sedalia

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.