Health, Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-000311
STATE FILE NUMBER

FILED FEB 2 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): ST. JOSEPH — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): MO. METHODIST HOSP. — Length of stay in 1b: 2 HOURS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS b. COUNTY: DONIPHAN
c. CITY OR TOWN: TROY 9158 8 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): ---- — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: AGNES Middle: BEULAH Last: LUX

4. DATE OF DEATH: Month JAN. Day 22. Year 1959

5. SEX: FEMALE 1
6. COLOR OR RACE: WHITE
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH: DEC. 11, 1889
9. AGE (In years last birthday): 69 — 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 WORK
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (City and state or country): TROY, KANSAS 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W. C. YOUNG
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: CLARENCE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 512-34-2566
17. INFORMANT: MRS. LAVEDA DORO-WATHENA, KANSAS — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Left heart failure & pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Myocardial infarction — 3 hours
DUE TO (c): Marked coronary arteriosclerosis 4201 — 5-10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cardiac hypertrophy — Advanced arteriosclerotic kidney disease
19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 1958, to Jan 22, 1959 and last saw her/him alive on Jan 22, 1959
Death occurred at 10:40 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Evan Peterson (Degree or title) M.D. 0
22b. ADDRESS: Wathena, Ks.
22c. DATE SIGNED: 1/27/59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 1/22/59
23c. NAME OF CEMETERY OR CREMATORY: MT. OLIVE CEMETERY
23d. LOCATION (City, town, or county) (State): TROY, KANSAS.

24. FUNERAL DIRECTOR: HARMAN FUNERAL HOME — ADDRESS: WATHENA, KANSAS
25. DATE RECD. BY LOCAL REG.: Jan 29, 1959
26. REGISTRAR'S SIGNATURE: Mrs. Clade Hoadley

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. Evan Peterson

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 Charles M. Harman

Licensed Embalmer No. 4487

P. O. Address WATHENA, KANSAS

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.