DURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1959

59–020351
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 50

AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lamar
Length of stay in 1b: 2¼ yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Potts Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Independence
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 10310 E-20th
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CORA Middle MAY Last YOUNG
4. DATE OF DEATH: Month July Day 10 Year 1959
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Jul 11 1875
9. AGE (last birthday): 83
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): Music teacher
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (City and state or country): Shelby County, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: John Young
13b. MOTHER'S MAIDEN NAME: Pricilla Hawley
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Edith Divine, Lamar, Missouri Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — Years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Bronchitis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 4-6-57, to 7-[illegible]-59 and last saw her/him alive on 7-6-59
Death occurred at 5:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Herbert M. Arnold (Degree or title) M.D.
22b. ADDRESS: Lamar, Mo.
22c. DATE SIGNED: 7-11-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 13 1959
23c. NAME OF CEMETERY OR CREMATORY: Holden
23d. LOCATION (City, town, or county) (State): Holden, Missouri

24. FUNERAL DIRECTOR ADDRESS: Floral Hills Chapel, Kansas City, Mo.
25. DATE RECD. BY LOCAL REG.: July 11 1959
26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Carl F Konantz

Signature of Student Embalmer

Licensed Embalmer No. 2247

P. O. Address Lamar M

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