

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020739
STATE FILE NUMBER

JUL 9 1959 Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 77

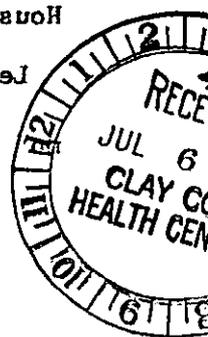
S. 300
y. 1-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Liberty		Inside Limits OR TOWN Liberty	c. CITY OR TOWN Kansas City 22, Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION I.O.O.F. Hosp.		Length of stay in 1b 2 1/2 Mos.	d. STREET ADDRESS (If outside, give location) 107 So. Willow Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First COBA Middle FRANCIS Last YOUTSEY		4. DATE OF DEATH Month June Day 17 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH (1877) Feb. 22, 1877
9. AGE (In years last birthday) 82		10. FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Winfield, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Leander G. Cutting	
13b. MOTHER'S MAIDEN NAME Lourania Perkins		14. NAME OF HUSBAND OR WIFE Edgar B. Dickenson	
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 Address Edith Dickinson, 107 So. Willow, K.C. 22, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 3 years
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		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 <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 April 7 P. to June and last saw her alive on June 16 59 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Wm G Goodson		22b. ADDRESS Liberty Mo	22c. DATE SIGNED 6/17/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6-17-59	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cem.	23d. LOCATION (City, town, or county) (State) Independence, Missouri
24. FUNERAL DIRECTOR ADDRESS Geo. C. Carson & Sons, Indep., Mo.		25. DATE RECD. BY LOCAL REG. 6-29-59	26. REGISTRAR'S SIGNATURE Mabel Graham

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Jackson	Missouri	Clay
xx	Kansas City 22,	Liberty
xx	107 So. Willow	1.O.O.F. Hosp.
	YOUTSEY	
	FRANCIS	CORA
	xx	white
	Feb. 22, 1877	82
	(1877)	
	Winfield, Kansas	U.S.A.
	Edgar B. Dickenson	Housewife
	Lourasia Perkins	Leander C. Cutting
	Edith Dickenson, 107 So. Willow, K.C. 22, Mo.	None



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 *Raymond H. Stone*
Licensed Embalmer No. 4266
P. O. Address *Independence*

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.
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.