

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025527

FILED VS JUL 27 1959 149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 3405 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jacksona				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) OR TOWN Kansas City		Length of stay in 1b 8 yrs		c. CITY OR TOWN Kansas City, Missouri		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Downtown Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2200 McGee		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Raymond Middle R. Last Youngblood				4. DATE OF DEATH Month July Day 11 Year 1959				
5. SEX M	6. COLOR OR RACE Csu	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-30-1919	9. AGE (last birthday) 39	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) Crew Chief			10b. KIND OF BUSINESS OR INDUSTRY Gustin-Bacon Mfg.		11. BIRTHPLACE (City and state or country) Hobert, Oklahoma		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Raymond Ralph Youngblood			13b. MOTHER'S MAIDEN NAME Effie Cook			14. NAME OF HUSBAND OR WIFE N/A		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) Yes WWII			16. SOCIAL SECURITY NO. 440-28-1258		17. INFORMANT Address Long Beach, Calif. Mrs. Effie Cook, Mother			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion DUE TO (b) Myocardial Ulcer DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 2 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 _____ a.m. _____ p.m. _____ Month, Day, Year _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input 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 <u>July 7, 1959</u> to <u>July 11, 1959</u> and last saw him ^{her} alive on <u>July 11, 1959</u> . Death occurred at <u>2200 McGee</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Don McGuire Sr D				22b. ADDRESS 1222 McGee			22c. DATE SIGNED 7/14/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE July 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Crawfordsville Cem.		23d. LOCATION (City, town, or county) (State) Crawfordsville, Ind			
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar 1800 binwood				25. DATE RECD. BY LOCAL REG. 7-11-59		26. REGISTRAR'S SIGNATURE Neval Minshall		

DOCUMENT

MEDICAL CERTIFICATION

D. M. Negro

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John A. Wood
Licensed Embalmer No. 5702

P. O. Address Indy

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.