

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010043

FILED VS MAR 21 1960

042

1000

316

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Buchanan															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 15 years		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Methodist Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1013 Seneca St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First MARION Middle HIGH Last YOUNG				4. DATE OF DEATH Month 9 Day 10 Year 1960															
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/21/1898		9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Quaker Oats Co.			11. BIRTHPLACE (City and state or country) Clinton Co., Mo.			12. CITIZEN OF WHAT COUNTRY USA										
13a. FATHER'S NAME Thomas B. Young				13b. MOTHER'S MAIDEN NAME Mamie High				14. NAME OF HUSBAND OR WIFE Pearl											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes W.W. #11				16. SOCIAL SECURITY NO. 496-07-4839		17. INFORMANT Address Mrs. Pearl Young, 1013 Seneca, St. Joseph, 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) acute cerebral thrombosis										INTERVAL BETWEEN ONSET AND DEATH Immediate									
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis (an atherosclerotic aorta shown on X ray on 2-18-60)										not known									
DUE TO (c)																			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ostatic hypertension, acute gastroenteritis, active duodenal ulcer, osteoarthritis, rheumatoid arthritis spine										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 Month, Day, Year a.m. p.m.		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 2-17-60 to 3-9-60 and last saw ^{them} him alive on 3-9-60 Death occurred at 4:00 p. m on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) Thompson P. Potter, M.D.						22b. ADDRESS 731 Faxon St. St. Joseph, Mo.				22c. DATE SIGNED 3-11-60									
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 3/12/1960		23c. NAME OF CEMETERY OR CREMATORY Plattsburg Cemetery				23d. LOCATION (City, town, or county) (State) Plattsburg, Missouri											
24. FUNERAL DIRECTOR Heston - Bowman, St. Joseph, Mo.						25. DATE RECD. BY LOCAL REG. Mar. 16, 1960		26. REGISTRAR'S SIGNATURE Wm. Clark Goodell											

DOCUMENT

BY AFFIDAVIT OF Doctor

T.E. Potter, M.D. MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

MAR 29 1960

MAR 25 1960

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

William J. Sperry

Licensed Embalmer No. 4535

P. O. Address St Joseph, Mo

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.