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MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-014589
STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 55

FILED MAY 8 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Liberty — Length of stay in 1b: 4 Mos.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Toof Hosp. — Inside Limits: Yes ☒ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Clay
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3408 E. 43 St. No. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Emma Middle Young Last Maddox
4. DATE OF DEATH: Month Apr. Day 28 Year 1962
5. SEX: F.
6. COLOR OR RACE: Caucc.
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 5-6-1884
9. AGE (last birthday): 77 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): DeKalb Co. Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: W.H. Young
13b. MOTHER'S MAIDEN NAME: Alice Jennison
14. NAME OF HUSBAND OR WIFE: Deceased
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.: No.
17. INFORMANT: Burton States, Address: Cameron, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Arteriosclerosis — 2 yrs
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): CVA several months
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 Jan 1962 and last saw her alive on Apr 27
Death occurred at 5 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Wm H Goodson MD
22b. ADDRESS: Liberty Mo
22c. DATE SIGNED: 4/28/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 4-28-62
23c. NAME OF CEMETERY OR CREMATORY: Mount Pleasent
23d. LOCATION (City, town, or county) (State): DeKalb Co. Mo.

24. FUNERAL DIRECTOR — ADDRESS: Poland Funeral Home-Cameron, Mo.
25. DATE RECD. BY LOCAL REG.: 5-5-62
26. REGISTRAR'S SIGNATURE: Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

MAY 16 1962

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_____ Signed Lawrence J. Thompson

Signature of Student Embalmer

Licensed Embalmer No. 4735

P. O. Address Cameron, 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.