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# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-034108
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registrar's District No. 73 Primary Registration District No. 5291 Registrar's No. 119

FILED SEP 24 1962

1. PLACE OF DEATH
a. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN
Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: I.O.O.F. Hospital
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Clay
c. CITY OR TOWN Liberty
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 33 S. Jewell St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LENA Middle --- Last HAPPY

4. DATE OF DEATH: Month Sept. Day 10 Year 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/1/1880
9. AGE (last birthday): 82
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: Own home
11. BIRTHPLACE (City and state or country): Camden, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: James Thomas
13b. MOTHER'S MAIDEN NAME: Lucinda McGonigle
14. NAME OF HUSBAND OR WIFE: Gerald E. Happy, sr.(dec.)

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.: None
17. INFORMANT: Gerald E. Happy, jr., Address: 6844 Bales, K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular Accident Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ 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 Sept 8 62, to and last saw her alive on Sept 8
Death occurred at 1:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm H. Goodson MD (Degree or title)
22b. ADDRESS: Liberty Mo
22c. DATE SIGNED: 9/11/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 12, 1962
23c. NAME OF CEMETERY OR CREMATORY: Sunny Slope Cemetery
23d. LOCATION (City, town, or county) (State): Richmond, Mo.

24. FUNERAL DIRECTOR ADDRESS: Thurman Funeral Home, Richmond, Mo.
25. DATE RECD. BY LOCAL REG.: 9-17-62
26. REGISTRAR'S SIGNATURE: Mabel Graham

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 6000 | | |
| 2 | 6003 | | |
| 3 | | | |
| 4 | 1 | | |
| 5 | 2 | | |
| 6 | | | |
| 7 | 0 | | |
| 8 | 0 | | |
| 9 | 33/X | | |
| 10 | | | |
| 11 | | | |
| 12 | 86-0 | | |
| 13 | 3-0 | | |

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

**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 ~~XXX~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Levard Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.