

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 23 1949

State File No. 12786
1630

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 4		c. LENGTH OF STAY (in this place) 8 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Hyde Park Nursing Home			d. STREET ADDRESS (If rural, give location) 1612 Jefferson Street		

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) c. (Last) Yeager			4. DATE OF DEATH (Month) (Day) (Year) April 8 1949		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 7	8. DATE OF BIRTH Mar. 26, 1876		9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Walker		13b. MOTHER'S MAIDEN NAME Mary Yost		14. NAME OF HUSBAND OR WIFE Samuel Yeager	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Julia Windsor, 1612 Jefferson, Kansas City, Missouri			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Bronchial Asthma ANTECEDENT CAUSES 2. Pulmonary Fibrosis 3. Arteriosclerotic Heart Disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 2. Pulmonary Fibrosis 3. Arteriosclerotic Heart Disease DUE TO (c) Semblity. 4/2/49				INTERVAL BETWEEN ONSET AND DEATH 3 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from Feb 25, 1949, to April 8, 1949, that I last saw the deceased alive on Apr 8, 1949, and that death occurred at P. m., from the causes and on the date stated above.

23a. SIGNATURE Lee H. Leger (Degree or title) Luc H. Leger MD		23b. ADDRESS 731 Ann K. C. Kansas		23c. DATE SIGNED 4/11/49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE April 9, 1949	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Humansville, Missouri		
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DATE REC'D BY LOCAL REG. 4-12-49	REGISTRAR'S SIGNATURE Sheldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & McClure Und. Co. Kansas City, Mo.			
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

781
17. E. H.
182 Today

FEB 9 1958

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.

Signed.....

May E. Meyer

Signed.....

Student Embalmer

Licensed Embalmer No.

24555

P. O. Address.....

Kansas City, 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 this body is not embalmed, fact should be so stated above.