

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16233
1920

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 KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 3		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (Mission Township) 14	
c. LENGTH OF STAY (In this place) 29 YRS		d. STREET ADDRESS (If rural, give location) 6417 Willow Lane 2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Died in ambulance en route to Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) SIMPSON	b. (Middle)	c. (Last) YEOMANS	4. DATE OF DEATH (Month) (Day) (Year) 4 29 49
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-4-96	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investment Banker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kansas City Mo. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME EDWIN S. YEOMANS	13b. MOTHER'S MAIDEN NAME KATE SIMPSON	14. NAME OF HUSBAND OR WIFE SUE PLATT YEOMANS
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) W-W-I	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME SUE PLATT YEOMANS, ADDRESS JOHNSON CO. KANS.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 20 min
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CORONARY ARTERY OCCLUSION		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none		

19a. DATE OF OPERATION none	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) no	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) none	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> 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 4/29/49 only, to _____, 19____, that I last saw the deceased alive on 4-29-49, 19____, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE Arthur S. Cain, Jr. (Degree or title) M.D.	23b. ADDRESS 507 Professional Bldg	23c. DATE SIGNED 4-29-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 2, 1949	24c. NAME OF CEMETERY OR CREMATORY NOT WASHINGTON	24d. LOCATION (City, town, or county) (State) K. C. Mo.
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DATE REC'D BY LOCAL REG. 5-2-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MECHURZ K.C. Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 22 19

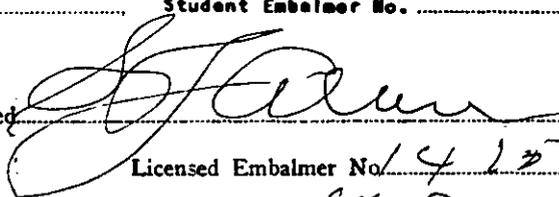
STATEMENT BY LICENSED EMBALMER

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 _____



Signed.....

Student Embalmer

Licensed Embalmer No. 1412

P. O. Address R E M O

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.