

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19892
2777

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		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 14 YEARS		d. STREET ADDRESS (If rural, give location) 2332 OAKLEY AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2332 OAKLEY AVENUE			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) ETTA L. c. (Last) YATES			4. DATE OF DEATH (Month) (Day) (Year) JUNE-24-1949		
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5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH JULY-19-1874		9. AGE (In years last birthday) 74 YRS		10. UNDER 1 YEAR Months Days		10. UNDER 1 HR. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER			10b. KIND OF BUSINESS OR INDUSTRY AT HOME			11. BIRTHPLACE (State or foreign country) BELOIT, KANSAS			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
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13a. FATHER'S NAME WILLIAM ALBERT LARGE			13b. MOTHER'S MAIDEN NAME NANCY LUELLA SMITH ED			14. NAME OF HUSBAND OR WIFE YATES		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. MINNIE ALEXANDER		ADDRESS 2332 OAKLEY AVE. KANSAS CITY, MO.	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis heart chronic</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____						INTERVAL BETWEEN ONSET AND DEATH 1 yr	
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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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 6/9, 1949 to 6/24, 1949 that I last saw the deceased alive on 6/24, 1949, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE C. G. Leitch		(Degree or title) <u>MD</u>		23b. ADDRESS <u>1109 Prof. Bldg. Kansas</u>		23c. DATE SIGNED <u>6/24</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JUNE 27-1949		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
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DATE REC'D BY LOCAL REG. 6-27-49		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>		ADDRESS 1371 BRUSH CREEK BL'VD KANSAS CITY, MO.	
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(Licensed Embalmers' Statement on Reverse Side)

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

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.....

Robert Ray

Signed.....
Student Embalmer

Licensed Embalmer No. *4182*

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.