V.S. No. 300
Rev. 10-48

FILED APR 14 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 8929
Registrar's No. 1369

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

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1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Trinity Lutheran

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Miami
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osawatomie 8159
d. STREET ADDRESS (If rural, give location) 707 Main St. X

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Lynn c. (Last) Youmans

4. DATE OF DEATH (Month) (Day) (Year) MAR. 26, 1951

5. SEX Male D
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1
8. DATE OF BIRTH Dec. 8 - 1870
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months ~~3~~ Days 18 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owen Telephone Co.
10b. KIND OF BUSINESS OR INDUSTRY Telephone
11. BIRTHPLACE (State or foreign country) New Jersey 1
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Youmans
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE Laura B. Youmans

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'S SIGNATURE OR NAME W. Thomas Youmans ADDRESS Osawatomie Kans.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cholecystitis - Cholangitis — INTERVAL BETWEEN ONSET AND DEATH 9 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestinal Obstruction — 3 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocarditis — 585 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/22/5 19__, to 3/26, 1951, that I last saw the deceased alive on 3/26/5, 19__, and that death occurred at 11:45P m., from the causes and on the date stated above.

23a. SIGNATURE John H. Ogilvie (Degree or title) MD
23b. ADDRESS 224 Rialto
23c. DATE SIGNED 3/28/51

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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3/26/51
24c. NAME OF CEMETERY OR CREMATORY —
24d. LOCATION (City, town, or county) (State) Osawatomie Kansas.

DATE REC'D BY LOCAL REG. 3-29-51
REGISTRAR'S SIGNATURE Geraldine Holmes
FUNERAL DIRECTOR'S SIGNATURE William H. Eddy ADDRESS Osawatomie Kans.

(Licensed Embalmer's Statement on Reverse Side)

APR 29 1957

## 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.....

.....

working under my personal supervision. Student Embalmer No.....

Signed.....

Signed..... Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Removal to Osawatomie Kans.

**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.**