

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16914**
1944

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>31 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		3818	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LUKE'S HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>5957 THE PASEO</u> 380			
3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSAN</u>		b. (Middle) <u>B.</u>		c. (Last) <u>YOUNG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY-3-1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPT-11-1884</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>DES MOINES IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JASPER F. STRADLEY</u>			13b. MOTHER'S MAIDEN NAME <u>EVA MARGARET HICKMAN</u>		14. NAME OF HUSBAND OR WIFE <u>DR. O. A. YOUNG</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MISS VIRGINIA C. YOUNG 5957 THE PASEO KANSAS CITY, MO.</u>			
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>Pulmonary Stenosis</u> Post-operative Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized peritonitis from ruptured appendix</u> DUE TO (c) <u>Parkinsons disease & general spasticity of chest & abdominal muscles</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 hours or less</u> <u>48 to 72 hrs</u> <u>analysis</u> <u>5501</u>
19a. DATE OF OPERATION <u>5-1-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ruptured appendix & peritonitis</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>5-1</u> , 19 <u>51</u> , to <u>5-3</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>5-3</u> , 19 <u>51</u> , and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank H. Hodgson</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>4301 Main</u>		23c. DATE SIGNED <u>5-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY-5-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FOREST HILL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>5-5-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O. N. Newsome's Sons</u>		ADDRESS <u>1331 BROUGH CREEK KANSAS CITY, MO.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

2-3323

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.

Student
Student Embalmer

Signed

Edmund M. Stacey

Licensed Embalmer No.

4452

P. O. Address

R.C. 4 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.