

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24738

State File No. _____

3310

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | PRIMARY REG. DIST. NO. <u>1002</u> | Registrar's No. <u>3310</u> |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wendell</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> <u>8150</u> | | |
| c. LENGTH OF STAY (in this place) <u>1 month</u> | | d. STREET ADDRESS (If rural, give location) <u>1912 Federal</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hospital</u> | | | | |
| 3. NAME OF DECEASED a. (First) <u>WILLIAM</u> (Type or Print) | | b. (Middle) <u>HENRY</u> | | c. (Last) <u>YOUNG</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1952</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>May 24 1910</u> | 9. AGE (Years last birthday) / UNDER 1 YEAR / IF UNDER 1 HR. <u>42</u> Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STATISTICIAN</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Bruce Dodson Insurance Co.</u> | | 11. BIRTHPLACE (State or foreign country) <u>Council Grove, Kansas</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | |
| 13a. FATHER'S NAME <u>John F. Young</u> | | 13b. MOTHER'S MAIDEN NAME <u>Justina Kasha</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Ethel B. Young</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>486-07-6871</u> | | 17. INFORMANT'S SIGNATURE OR NAME (Print name and address) <u>Mrs. Ethel B. Young, 1912 Federal Ave.</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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Myocardial Infarction - Recurrent</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | INTERVAL BETWEEN ONSET AND DEATH <u>4 wks - 17 d.</u> <u>4 wks - 14 d.</u> <u>4201</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) (Min.) | | 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>24 June 1952</u> , to <u>21 July 1952</u> , that I last saw the deceased alive on <u>20 July 1952</u> , and that death occurred at <u>8:15</u> m., from the causes and on the date stated above. | | | | |
| 23a. SIGNATURE <u>Edw. H. Fischer, M.D.</u> (Degree or title) | | | 23b. ADDRESS <u>2025 S. 21st St. NKC Mo</u> | |
| 23c. DATE SIGNED <u>7-21-52</u> | | | | |
| 24a. BIBLICAL CREMATION REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>5 July 23, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Hill Cemetery</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>7-22-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>D.W. Newcomer's Sons, Kansas City, Mo.</u> |

(Licensed Embalmer's 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 _____

working under my personal supervision.

Student Embalmer No. 470

Signed... *Charles W. Burroughs* ...
Student Embalmer

Signed

Charles H. Strickland

Licensed Embalmer No. 4560

P. O. Address R.F. 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.