

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35293
4370

State File No.

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. L002 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>49 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3225 Summit</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3225 Summit</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>J.</u> c. (Last) <u>YEAGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 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 29, 1876</u>
9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>West End Hotel</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cynthiana, Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Henry Yeager</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Etzel</u>	14. NAME OF HUSBAND OR WIFE <u>Mary F. Yeager</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>486-01-7330</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary F. Yeager, 3225 Summit, KC. Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Vascular Accident & Myocardial Failure</u> *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident & Myocardial Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>General Arteriosclerosis</u> DUE TO (c) <u>Essential Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS <u>None</u> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 H</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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>March 11, 1951</u> , to <u>Oct. 6, 1952</u> , that I last saw the deceased alive on <u>Oct. 6, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward C. Teubel M.D.</u> (Degree or title)		23b. ADDRESS <u>4304 Troost</u>	23c. DATE SIGNED <u>Oct. 7-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Washington</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
DATE REC'D BY LOCAL REG. <u>10-7-52</u>		REGISTRAR'S SIGNATURE <u>Maldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Melody-McGilley-Eylar, Kansas City, Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. [unclear]
4304 Transit
After 10:05 Transit

STATEMENT BY LICENSED EMBALMER

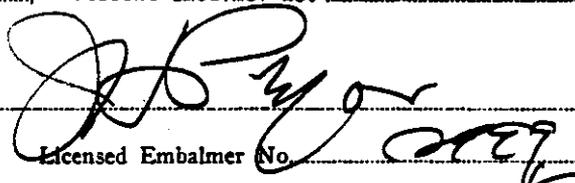
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____


Licensed Embalmer No. _____

P. O. Address _____

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.