No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1952

State File No. 39028

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4769

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): 35 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 2758
d. STREET ADDRESS (If rural, give location): 1506 East 49th Street

3. NAME OF DECEASED (Type or Print): a. (First) Arne b. (Middle) Torleif c. (Last) Younge

4. DATE OF DEATH (Month) (Day) (Year): October 29. 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 29-1875
9. AGE (In years last birthday): 77 — If under 1 year: Months ___ Days ___ — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guide
10b. KIND OF BUSINESS OR INDUSTRY: Art Institute
11. BIRTHPLACE (State or foreign country): Christiansund Norway
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Unknown Younge
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF ~~HUSBAND~~ OR WIFE: Ragnhild Younge

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.: —
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs Ragnhild Younge 1506 E 49th St. K.C. Missouri

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) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral Thrombosis — 6 days.
DUE TO (c) ___

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 332A

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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* 10/25, 1952, *to* 10/29, 1952, *that I last saw the deceased alive on* 10/28, 1952, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE P. L. Byers (Degree or title) — P. L. Byers M.D.
23b. ADDRESS: 4635 Wyandotte, K.C. 2, Mo.
23c. DATE SIGNED: 10/29/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Oct-31-1952
24c. NAME OF CEMETERY OR CREMATORY: D.W. Newcomer's Sons
24d. LOCATION (City, town, or county) (State): Kansas City Missouri

DATE REC'D BY LOCAL REG.: 10-31-52
REGISTRAR'S SIGNATURE: Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE: D W Newcomer's Sons
ADDRESS: 1331 Brush Creek K.C. Missouri

(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1953

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 Robert C. Herron

Signed.....
Student Embalmer

Licensed Embalmer No. 4849

P. O. Address P. C. 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.