

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **6007**
901

FILED MAR 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 65 yrs.		d. STREET ADDRESS (If rural, give location) 4550 J. C. Nichols Parkway	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lindeman Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) BESSIE b. (Middle) ROSE c. (Last) HUFF			4. DATE OF DEATH (Month) (Day) (Year) 2 10 1953		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	
8. DATE OF BIRTH 6/22/1883		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Winchester, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Stuart P. Young		13b. MOTHER'S MAIDEN NAME Rue H. Urie		14. NAME OF HUSBAND OR WIFE --	
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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. 487-05-2968		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth E. Curtis, 4550 J.C. Nichols Pkwy.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia Acute</i>		DUPLICATE			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			49 IX

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?
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22. I hereby certify that I attended the deceased from Aug 16, 1952, to 2/10, 1953, that I last saw the deceased alive on 2/9/53, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Richard L. Lehner (Degree or title) M.D.		23b. ADDRESS 1102 Grand Kansas City, Mo.		23c. DATE SIGNED 2/11/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/13/53		24c. NAME OF CEMETERY OR CREMATORY Elmwood	
				24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	

DATE REC'D BY LOCAL REG. 2-11-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FREEMAN MORTUARY & CHAPEL, K.C., MO.	
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Mr. R. L. Lehner - Bryant Bldg.
Un 3998.

12:30 - 6 pm.

MAR 16 1959

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.