

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2633

FILED JUN 9 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) OR TOWN <b>50yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6129 Brookside Blvd.</b>		d. STREET ADDRESS (If rural, give location) <b>3206 East 7th St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Zora</b>	b. (Middle) <b>Young</b>	c. (Last) <b>Young</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 21, 1953</b>
--	-----------------------------	---------------------------	--

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>June 20, 1872.</b>	9. AGE (In years last birthday) <b>80</b>	10. UNDER 1 YEAR Months <b>0</b>	11. UNDER 1 YEAR Days <b>0</b>	12. UNDER 1 YEAR Hours <b>0</b>	13. UNDER 1 YEAR Mins. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mail Clerk 27yrs. Baltimore Hotel</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Baltimore Hotel</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Issac Young</b>	13b. MOTHER'S MAIDEN NAME <b>Sarah Anderson</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>	16. SOCIAL SECURITY NO. <b>486-07-8871</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Miss. Marion Young</b>	ADDRESS <b>6129 Brookside Blvd.</b>
--	---	--	--

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis &amp; Myocardia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic Heart Disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr.</b>	

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 5/20, 1953, to 5/21, 1953, that I last saw the deceased alive on 5/20, 1953, and that death occurred at 3:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. S. Cutcliff MD</b>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>1222 Maple St.</b>	23c. DATE SIGNED <b>5/22/53</b>
--	--------------------------------	---------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 23, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>
--	----------------------------------	--	---

DATE REC'D BY LOCAL REG. <b>5-22-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Mrs. C.L. Forster</b>	ADDRESS <b>Kansas City Mo.</b>
--	---	--	-----------------------------------

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

*Dr. Cutliff*  
*Ha. 2388*

**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: *J. Virgil Herrick*  
Licensed Embalmer No. *3599*  
P. O. Address: *J. C. Mo*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.