No. 300
10.48

FILED JUN 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21872

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5522 Registrar's No. 127

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Independence
c. LENGTH OF STAY (In this place): 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson County Home

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 3268
d. STREET ADDRESS (If rural, give location): 1419 Woodland Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle):
c. (Last): Young

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1953

5. SEX: Male 2
6. COLOR OR RACE: Col.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 11, 1879
9. AGE (In years last birthday): 73 — If under 1 year: Months 9, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Transfer Business
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Richmond, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jeff Young
13b. MOTHER'S MAIDEN NAME: Lizzie ?
14. NAME OF HUSBAND OR WIFE: Ida Young, deceased

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Lillian Stewart
ADDRESS: 1715 Michigan

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) Mitral Insufficiency — INTERVAL BETWEEN ONSET AND DEATH ✓

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 410 X
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* May 15, 1953, *to* June 11, 1953, *that I last saw the deceased alive on* June 11, 1953, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. H. Griffin (Degree or title) MD
23b. ADDRESS: R. 11 Independence
23c. DATE SIGNED: 6/12/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/13/53
24c. NAME OF CEMETERY OR CREMATORY: Highland Cemetery, Inc.
24d. LOCATION (City, town, or county) (State): Kansas City, Missouri

DATE REC'D BY LOCAL REG.: June 12-53
REGISTRAR'S SIGNATURE: T. C. Langsford 483
25. FUNERAL DIRECTOR'S SIGNATURE: West, Appleton & Jones, Inc.
ADDRESS: 1905 Vine

(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 .....

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed .....

Licensed Embalmer No. 2710

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.