

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32087**
4577

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 2 WEEKS		e. STREET ADDRESS (If rural, give location) 4812 BOOTH 81508	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUNE'S HOSPITAL		3. NAME OF DECEASED (Type or Print) a. (First) GLENN b. (Middle) D. c. (Last) YATES	
4. DATE OF DEATH (Month) (Day) (Year) SEPT. 18-1953		5. SEX MALE 6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY-25-1906	
9. AGE (In years last birthday) 47		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER	
10b. KIND OF BUSINESS OR INDUSTRY YATES FURNITURE CO		11. BIRTHPLACE (City and State or Foreign Country) FINDLAY OHIO	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME SAMUEL T. YATES	
13b. MOTHER'S MAIDEN NAME LOA LEE FINLEY		14. NAME OF HUSBAND OR WIFE MRS. FRANCES YATES	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-210-1647	
17. INFORMANT'S SIGNATURE OR NAME MRS. FRANCES YATES		ADDRESS 4812 BOOTH ST. KANSAS CITY, MO.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) occlusion, Coronary art ANTECEDENT CAUSES Coronary sclerosis DUE TO (b) 14yr+ DUE TO (c) 74yr+ II. OTHER SIGNIFICANT CONDITIONS Hypertension	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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 apm , 19 51 , to 9/18/53 , that I last saw the deceased alive on 9/18/53 , and that death occurred at 9:00P.m. , from the causes and on the date stated above.	
23a. SIGNATURE James A. [Signature] (Degree or title) MD		23b. ADDRESS Kansas City, Mo.	
23c. DATE SIGNED 9/21/53		24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	
24b. DATE SEPT. 21 1953		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newman's Sons ADDRESS K.C. Mo.	
DATE REC'D BY LOCAL REG. 9-21-53		REGISTRAR'S SIGNATURE Sheraldine Smith	

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.....
Signature of Student Embalmer

Signed *Robert Ray*.....

Licensed Embalmer No. *418*.....

P. O. Address *Kansas C*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.