

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36160

No. 300  
10.48

State File No. ....

FILED OCT 23 1953

4816

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>  b. CITY (If outside corporate limits, write RURAL and give town/ship) OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>10 days</u>  d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Resarch Hospital</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>  c. CITY OR TOWN <u>Liberty</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  STREET ADDRESS (If rural, give location) <u>221 W. Franklin</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>Charles</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Yancey, Jr.</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Oct. 4, 1953</u>	
<b>5. SEX</b> <u>male</u>	<b>6. COLOR OR RACE</b> <u>white</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)</b> <u>married</u>	<b>8. DATE OF BIRTH</b> <u>Feb. 6, 1897</u>
<b>9. AGE</b> (In years) (last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 18 HRS. Hours <u>  </u> Min. <u>  </u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>postmaster</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>postoffice</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Liberty, Missouri</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>		<b>13a. FATHER'S NAME</b> <u>C. E. Yancey, Sr.</u>	
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Roy Bell</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Minnie Murray Yancey</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, No, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>WW I</u>		<b>16. SOCIAL SECURITY NO.</b> <u>  </u>	
<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Minnie M. Yancey, Liberty, Mo.</u>		<b>ADDRESS</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>	
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion &amp; Myocardial Infarction</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>  </u> DUE TO (c) <u>  </u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>  <u>10 Days</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>		<u>4201</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>		<b>22. I hereby certify that I attended the deceased from</b> <u>Sept</u> , 19 <u>38</u> , to <u>Oct 4</u> , 19 <u>53</u> , that I last saw the deceased <u>live on Oct 3</u> , 19 <u>53</u> , and that death occurred at <u>1:30 A.M.</u> , from the causes and on the date stated above.	
<b>23a. SIGNATURE</b> <u>G. W. Hendren</u> (Degree or title) <u>M.D.</u>		<b>23b. ADDRESS</b> <u>Liberty, Mo</u>	
<b>23c. DATE SIGNED</b> <u>10/5/53</u>		<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BURIAL</u>	
<b>24b. DATE</b> <u>Oct. 6, 1953</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Mt. Memorial Cem.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Liberty, Mo.</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Sheraldine Smith</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>10-6-53</u>		<b>ADDRESS</b> <u>Liberty, Mo.</u>	

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 *John Parley*

Licensed Embalmer No. *4308*

P. O. Address *Liberty*

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.