

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1648

State File No. \_\_\_\_\_

9324-54  
FILED FEB 8 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 38

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) Independence  
c. LENGTH OF STAY (In this place) 1 day

c. CITY (If outside corporate limits, write RURAL and give township) Independence

d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium

d. STREET ADDRESS (If rural, give location) 208 S. Osage

3. NAME OF DECEASED  
a. (First) Krystal b. (Middle) Kay c. (Last) Young

4. DATE OF DEATH (Month) (Day) (Year)  
Jan. 25, 1954

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant

8. DATE OF BIRTH Jan. 24, 1954

9. AGE (In years last birthday) Months Days Hours Mins.  
0 0 3

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY none

11. BIRTHPLACE (City and State or Foreign Country) Independence, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Dale E. Young

13b. MOTHER'S MAIDEN NAME Connie Utz

14. NAME OF HUSBAND OR WIFE none

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. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mr. Dale E. Young, Independence, 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, asthma, etc. It means the disease, injury, or complication which caused death.  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Gastrointestinal hemorrhage & INTERVAL BETWEEN ONSET AND DEATH at birth  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Adrenal hemorrhage (dilated) at birth  
DUE TO (c) Congenital hypofibrinogenemia congenital  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary hemorrhage at birth

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 6-296X

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) (Min.)

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 Jan 24, 1954, to Jan 25, 1954, that I last saw the deceased alive on Jan 25, 1954, and that death occurred at 3:30 P m., from the causes and on the date stated above.

23a. SIGNATURE James T. Van Biber M.D. (Degree or title)

23b. ADDRESS 317 W Kansas St. Independence, Mo.

23c. DATE SIGNED 1-26-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/26/54

24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem.

24d. LOCATION (City, town, or county) (State) Kansas City, Kans.

DATE REC'D BY LOCAL REG. 1-26-54

REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
[Signature] 208 S. Osage Independence, Mo.

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 Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Independence, 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.