

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9023

State File No. _____

BIRTH NO. FILED APR 7 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1287

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u> | | c. LENGTH OF STAY (in this place) <u>15 years</u> | |
| c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hospital</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) | | e. STREET ADDRESS (If rural, give location) <u>3930 Locust</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u> | | b. (Middle) _____ c. (Last) <u>Young</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>March 22 1954</u> | | 5. SEX <u>Female</u> | |
| 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | |
| 8. DATE OF BIRTH <u>August 22, 1897</u> | | 9. AGE (In years last birthday) <u>57</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>Welch County, South Dakota</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US</u> | |
| 13a. FATHER'S NAME <u>Ira Lowrey</u> | | 13b. MOTHER'S MAIDEN NAME <u>Jessie Hartley</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Fred H. Young deceased</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>-0-</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. G. Gillespie, 3511 Jefferson</u> | |
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphoma</u> 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 | |
| 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) (Min.) | | 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 <u>8-54</u> , 19 <u> </u> , to <u>3-22-54</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3-21-54</u> , 19 <u> </u> , and that death occurred at <u>1:10 Am.</u> , from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>Mark Dodge</u> (Degree or title) | | 23b. ADDRESS <u>4635 Wyandotte</u> | |
| 23c. DATE SIGNED <u>3-22-54</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>3/25/54</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Quirk & Tobin 20 W. Linwood K.C. Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>3-22-54</u> | | REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u> | |

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 Forrest D. Caldwell

Licensed Embalmer No. 4214

P. O. Address K. C. 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.