

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19243**
2412

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 Washington b. COUNTY FRANKLIN	
b. CITY (If outside corporate limits, write RURAL and give township) Town Kansas City		c. CITY OR TOWN Posco	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) 3 days		e. STREET ADDRESS (If rural, give location) 9 A Nady Homes	
d. FULL NAME OF HOSPITAL OR INSTITUTION K. C. General Hospital No. 1.			
3. NAME OF DECEASED (Type or Print) a. (First) Rickie		b. (Middle) Clifford	c. (Last) Young
4. DATE OF DEATH (Month) (Day) (Year) May 25 1954		5. SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Dec. 29, 1947		9. AGE (In years last birthday) 6	
10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) CHILD STUDENT		11. BIRTHPLACE (City and State or Foreign Country) JOPLIN, MISSOURI	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) CHILD STUDENT		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Clifford Young	
13b. MOTHER'S MAIDEN NAME Alena Duggar		14. NAME OF HUSBAND OR WIFE	
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 Mrs. Alena Young, Pasco, Washington		ADDRESS	
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) Subdural subarachnoid A Cerebral Hemorrhage 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. 9926	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, see bidg., etc.) Home		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) Kearney County Jackson (STATE) MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5:23 54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ P. m., from the causes and on the date stated above.		22. HOW DID INJURY OCCUR? Shot out of Hotel Murder	
23a. SIGNATURE Hugh H. Owens (Degree or title) Public Health Officer		23b. ADDRESS 1034 River to 3rd	
23c. DATE SIGNED 5-28-54		24a. BUSTAL, CREMATION, REMOVAL (Specify) cremial	
24b. DATE MAY 28 1954		24c. NAME OF CEMETERY OR CREMATORY CITY VIEW CEMETERY	
24d. LOCATION (City, town, or county) (State) Posco WASHINGTON		25. FUNERAL DIRECTOR'S SIGNATURE A. W. Newcomer ADDRESS Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 5-28-54		REGISTRAR'S SIGNATURE Geraldine 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 *John B. Lewis*.....
Licensed Embalmer No. *487*

P. O. Address *KC MO*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.