

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30931
State File No. 4047

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 Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City	c. LENGTH OF STAY (in this place) <input checked="" type="checkbox"/>	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"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		STREET ADDRESS (If rural, give location) 12 315 W. 9	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) H. c. (Last) Yates			4. DATE OF DEATH (Month) 8 (Day) 19 (Year) 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 72		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Yates	13b. MOTHER'S MAIDEN NAME Yates	14. NAME OF HUSBAND OR WIFE Yates
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yates	16. SOCIAL SECURITY NO. 499-07-7619A	17. INFORMANT'S SIGNATURE OR NAME W.E. Clark ADDRESS 315 W 9 - KC Mo	
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe pulmonary edema and congestion		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Parenchymatous degeneration of heart (n.m.o.)		
	DUE TO (c) Fracture of right humerus		F
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4222

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Above address	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City, Missouri	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 8 2 1954 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fall in home	
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22. I hereby certify that I attended the deceased from **Aug. 2 1954**, to **Aug. 19 1954**, that I last saw the deceased alive on **Aug. 19 1954**, and that death occurred at **12:40A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 8-19-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) removed	24b. DATE 8-21-54	24c. NAME OF CEMETERY OR CREMATORY Mt Calvary	24d. LOCATION (City, town, or county) (State) KC Kans
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DATE REC'D BY LOCAL REG. 8-21-54	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS [Address]	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD B. I. BUTTS MD

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 .....

Licensed Embalmer No. 477

P. O. Address RCW

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.