

FILED NOV 24 1954

STANDARD CERTIFICATE OF DEATH

State File No. 37703
Registrar's No. 437

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. CITY OR TOWN Holden	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 3 mo.		f. STREET ADDRESS (If rural, give location) RR 2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 415 E. Kansas			

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) Olive c. (Last) Young			4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1954		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 11, 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed	11. BIRTHPLACE (City and State or Foreign Country) Madison, Wisc.	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Geo. Hancock		13b. MOTHER'S MAIDEN NAME Malisa Straight		14. NAME OF HUSBAND OR WIFE Louis Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Vera Miller, 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) Coronary occlusion		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) Chronic myocarditis			
		DUE TO (c) Diabetes mellitus			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Sept 3, 1954** to **Nov 11, 1954**, that I last saw the deceased alive on **Nov 10, 1954**, and that death occurred at **7:20 A. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lt. V. Andrews, D.O.		23b. ADDRESS Independence Mo.		23c. DATE SIGNED 11/11/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/11/54		24c. NAME OF CEMETERY OR CREMATOR		24d. LOCATION (City, town, or county) (State) Holden, Mo.	
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DATE REC'D BY LOCAL REG. 11-11-54		REGISTRAR'S SIGNATURE [Signature]		354		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Caravan Independence, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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 *La Vega E Brown*.....

Licensed Embalmer No. *47*.....

P. O. Address *Indep*.....

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.