No. 300
30.48

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

FILED AUG 3 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22477

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2963

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS City
c. LENGTH OF STAY (In this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS City
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 512 North Lawndale

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): ALLEN
c. (Last): YOUNG

4. DATE OF DEATH (Month) (Day) (Year): July-8-1955

5. SEX: Male
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: JUNE 10-1895
9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months —, Days —
IF UNDER 24 HRS.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN
10b. KIND OF BUSINESS OR INDUSTRY: CARPENTER-PAPER Co.
11. BIRTHPLACE (City and State or Foreign Country): ATLANTIC, IOWA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: WM. YOUNG
13b. MOTHER'S MAIDEN NAME: MAUDE ALLEN
14. NAME OF HUSBAND OR WIFE: MARY MILDRED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): W.W. #I
16. SOCIAL SECURITY NO.: 487-07-4229
17. INFORMANT'S SIGNATURE OR NAME: MRS. MARY YOUNG
ADDRESS: 512 No. LAWNDALE K.C. 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, asthenia, 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: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 5 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES [ ] NO [X]

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) m.
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* Feb 11, 1955, *to* July 8, 1955, *that I last saw the deceased alive on* July 8, 1955, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. W. Rose, M.D. (Degree or title): M.D.
23b. ADDRESS: 108 W. Elmwood, Kansas City, Mo
23c. DATE SIGNED: July 8 '55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July-11-1955
24c. NAME OF CEMETERY OR CREMATORY: Mt. MORIAH CEM.
24d. LOCATION (City, town, or county) (State): KANSAS City, Mo

DATE REC'D BY LOCAL REG.: 7-11-55
REGISTRAR'S SIGNATURE: Mena Marshall
25. FUNERAL DIRECTOR'S SIGNATURE: C. H. Blackman & Son Inc
ADDRESS: K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W.C. Quinn.....

Licensed Embalmer No. 48

P. O. Address K.C. 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.