

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26579

3574

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3574		
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 (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS City		c. LENGTH OF STAY (in this place) 15 YEARS		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 LONG NURSING HOME 1441 INDEPENDENCE AVE. 90				e. STREET ADDRESS (If rural, give location) 1956 E. 71st STREET TERRACE 290				
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) C. c. (Last) YOUNG			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 10 1955					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 3, 1903		
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY POST OFFICE		11. BIRTHPLACE (City and State or Foreign Country) WARSAW, MISSOURI		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Gabriel Richmond Young		13b. MOTHER'S MAIDEN NAME Louisa White		14. NAME OF HUSBAND OR WIFE BERTHA MAY YOUNG		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. BERTHA MAY YOUNG, 1956 E. 71st ST. TERR. KANSAS CITY, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Parkinson's Disease ANTECEDENT CAUSES DUE TO (b) Chr. Emphysema DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypo thyroidism (Congenital)					INTERVAL BETWEEN ONSET AND DEATH 1950	
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 2-22, 1957, to 8-10, 1955, that I last saw the deceased alive on 8-8, 1955, and that death occurred at 12:15 P. m., from the causes and on the date stated above.								
23a. SIGNATURE Marvin L. Bills (Degree or title) M.D.				23b. ADDRESS 411 Nichols Rd		23c. DATE SIGNED 8-10-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 13, 1955		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
DATE REC'D BY LOCAL REG 8-13-55		REGISTRAR'S SIGNATURE neva munsell		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS A. H. Newcomer's Sons 1331 SOUTH CARROLL KANSAS CITY, MO.				

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 *Albert F. Savage*.....

Licensed Embalmer No..... 487

P. O. Address *Kenosha*.....

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.