

FILED SEP 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26582**
3701

BIRTH NO. _____		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>3701</u>
1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Kansas City		c. LENGTH OF STAY (in this place) 34 yrs	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 Research Hospital		STREET ADDRESS (If rural, give location) 50 400 East Armour Blvd. 350th		
3. NAME OF DECEASED (Type or Print) a. (First) MINTA		b. (Middle)	c. (Last) YOUNG	4. DATE OF DEATH (Month) (Day) (Year) 8 21 55
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 7-13-1887	9. AGE (In years last birthday) Months Days Hours Min. 68
10a. USUAL OCCUPATION (Give kind of work if not during last year; give none if retired) Ret. Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (City and State or Foreign Country) Paola, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Frederick W. Schmitz		13b. MOTHER'S MAIDEN NAME Effie McLaughlin		14. NAME OF HUSBAND OR WIFE xx
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No xx		16. SOCIAL SECURITY 487-10-8704		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Schmitz, 7133 McGee, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of both legs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic occlusion of arteries</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Aspiration pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>3</u> <u>12:01</u> <u>2 days</u>
19a. DATE OF OPERATION 8/15/55		19b. MAJOR FINDINGS OF OPERATION <u>Occlusion of left iliac artery</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>Sept 1</u> , 19 <u>53</u> , to <u>Aug 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 21</u> , 19 <u>55</u> , and that death occurred at <u>9:45 P.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>E. G. Kettner</u>		23b. ADDRESS <u>M. O. Kansas City, Mo</u>		23c. DATE SIGNED <u>8/22/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-23-55	24c. NAME OF CEMETERY OR CREMATORY Paola Cemetery	24d. LOCATION (City, town, or county) (State) Paola, Kansas
DATE REC'D BY LOCAL REG. 8-22-55		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wagner Funeral Home N 6 Mo</u>

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

012:11

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 *Alvin R. Hainseck*.....

Licensed Embalmer No. *410*.....

P. O. Address *H.E. 7*.....

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.