

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40991

State File No.

300
48

FILED DEC 28 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5300

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>6 years</u>		d. STREET ADDRESS (If rural, give location) <u>43 2725 Campbell</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			

3430

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Oscar</u> c. (Last) <u>Yeatts</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 4, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 16, 1870</u>	9. AGE (In years last birthday) <u>85 yrs.</u>	IF UNDER 1 YEAR Month Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Employee Retired 1944</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Water & Light</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>London, Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>					

13a. FATHER'S NAME <u>Wm. Yeatts</u>		13b. MOTHER'S MAIDEN NAME <u>Melvina Thornberg</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Yeatts</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Copowycz, 2725 Campbell, K.C. Mo.</u>	

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>POSTERIOR CORONARY OCCLUSION, WITH MYOCARDIAL INFARCTION</u> DUE TO (b) <u>TRAUMATIC FRACTURE, LEFT FEMORAL Neck</u> DUE TO (c) <u>TERMINAL UREMIA</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>ONE WEEK</u> <u>10 days</u> <u>9030</u> <u>20</u>
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19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENTAL FALL</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>KANSAS CITY, JACKSON, MO.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 - 24 - 55</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on floor at home.</u>		

22. I hereby certify that I attended the deceased from 11-25, 1955, to 12-4, 1955, that I last saw the deceased alive on Dec. 4, 1955, and that death occurred at 1:30P m., from the causes and on the date stated above.

22a. SIGNATURE <u>Jay J. Carduff</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1220 E. 31th, K.C. Mo.</u>		23c. DATE SIGNED <u>12/6/1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Dec. 7, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Jos. A. Butler's Sons, Kansas City, Kas.</u>			
DATE REC'D BY LOCAL REG. <u>12-6-55</u>		REGISTRAR'S SIGNATURE <u>Melva Marshall</u>			

(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, as by

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John F. Moore

Licensed Embalmer No. 4729

P. O. Address Kansas City

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 this body is not embalmed, fact should be so stated above.