

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24062  
STATE FILE NUMBER

2913  
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETS ADM HOSPITAL</b>		d. STREET ADDRESS <b>425 GENESEE</b>	

3. NAME OF DECEASED (Type or print) First <b>ROLLA</b> Middle <b>EDGAR</b> Last <b>YOUNG</b>			4. DATE OF DEATH Month <b>July</b> Day <b>2</b> Year <b>1956</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>May 9, 1896</b>	9. AGE (In years last birthday) <b>60</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Paint Co. STANLEY HANKS Co.</b>		11. BIRTHPLACE (City and state or country) <b>Windsor, Missouri</b>	
13. FATHER'S NAME <b>George W. Young</b>			14. MOTHER'S MAIDEN NAME <b>Mary E. Alexander</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWII</b>		16. SOCIAL SECURITY NO. <b>486 03 9065</b>		17. INFORMANT Address <b>VA Hospital Official Records, K. C. Mo.</b>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary edema and congestion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Adenocarcinoma, ascending colon</b>	<b>18 months</b>
	DUE TO (c)	<b>153 X</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Atelectasis left lung, probably due to metastases</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. <b>VA</b> attended the deceased from <b>March 19, 1956</b> to <b>July 2, 1956</b>		
Death occurred at <b>10:45 AM</b> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <b>J. A. Turner</b> <b>J. A. Turner, M.D.</b>	(Degree or title) <b>D</b>	22b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>
		22c. DATE SIGNED <b>7/3/56</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>July 5, 1956</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT CALVARY CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY KANSAS</b>
24. FUNERAL DIRECTOR <b>O. H. Newcomer</b> Address <b>1331. BAUSH, CRENSHAW</b>		25. DATE RECD. BY LOCAL REG. <b>7-4-56</b>	26. REGISTRAR'S SIGNATURE <b>Neve Marshall</b>

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. ii

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**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 *Basil V. Honey*.....

Licensed Embalmer No. *117*.....

P. O. Address *A.C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (E  
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.