

FILED MAY 9 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014556
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1983

5. 300
1-57

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, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>KANSAS CITY</u> 248
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOCTORS HOSPITAL</u>		Length of stay in 1b <u>23 YEARS</u>	d. STREET ADDRESS (If outside, give location) <u>2331 VAN BRUNT</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>ALETA</u> Middle <u>YOUNG</u> Last <u>YOUNG</u>			4. DATE OF DEATH Month <u>APRIL</u> Day <u>12</u> Year <u>1958</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>OCT. 12 - 1902</u>	9. AGE (In years last birthday) <u>55</u>	FUNDER 1 YEAR Months <u>55</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER - RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (City and state or country) <u>WALHALLA, N. DAKOTA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOHN E. YOUNG</u>		13b. MOTHER'S MAIDEN NAME <u>CORA E. SAMSEL</u>		14. NAME OF HUSBAND OR WIFE <u>---</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 <u>ROBERT E. YOUNG</u> Address <u>2331 VAN BRUNT KANSAS CITY, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cardiac Distention</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Apoplexy</u>			<u>24 hrs</u>
DUE TO (c) <u>Hypertensive-Cardiac-Respiratory</u>			<u>5 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the immediate cause (a) <u>Vascular Syndrome</u>			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 <u>---</u> Month, Day, Year a.m. <u>---</u> p.m. <u>---</u>					

20d. INJURY OCCURRED WHILE AT WORK <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 <u>---</u> STATE <u>---</u>	
21. I attended the deceased from <u>Feb 1946</u> to <u>Apr 12 1958</u> and last saw her alive on <u>Apr 12, 1958</u> Death occurred at <u>12:00 MIDNIGHT</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE (Degree or title) <u>N.A. Cunningham M.D.</u>			22b. ADDRESS <u>5018 E 24 Kansas City 710</u>		22c. DATE SIGNED <u>Apr 14 1958</u>
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23a. BURIAL CREMATION, RENOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>APR-17-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>BRAYMER MISSOURI</u>
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24. FUNERAL DIRECTOR <u>D.W. Newsom & Sons</u>		ADDRESS <u>1331 ARUSH GREEN KANSAS CITY, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>4-17-58</u>	26. REGISTRAR'S SIGNATURE <u>neva minshall</u>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

N. A. Cunningham

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.

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 *Term Lawler*

Licensed Embalmer No. *4915*
P. O. Address *K.C. Mo.*

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.