

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033108

STATE FILE NUMBER

4612

FILED OCT 15 1958

Registration District No. _____

149

Primary Registration District No. _____

1002

Registrar's No. _____

300
1-57

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, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 578 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wheatley Provident		Length of stay in lb About 45 yrs.	d. STREET ADDRESS (If outside, give location) 3838 Bales Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First LULA Middle YOUNG Last _____			4. DATE OF DEATH Month Sept. Day 28 Year 1958
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1896
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) Marshall, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charlie Brown	13b. MOTHER'S MAIDEN NAME Laura Johnson
14. NAME OF HUSBAND OR WIFE Jay Joseph Young		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Doshia Mae Johnson - 3838 Bales		Address _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Hydronephrosis DUE TO (c) Carcinoma of Uterus (ovary) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH 17 1/2
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 _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
20e. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
20f. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from _____ Death occurred at _____	
21. I attended the deceased from May 15, 58 to Sept 28, 58 and last saw her alive on Sept 27-1958 on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) R. C. Turner MD	
22b. ADDRESS 1433 E 19th		22c. DATE SIGNED 9/30/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-2-58	
23c. NAME OF CEMETERY OR CREMATORY Highland Cem, KC		23d. LOCATION (City, town, or county) Jackson, MO	
24. FUNERAL DIRECTOR E. Sterling Bills		25. DATE RECD. BY LOCAL REG. 9-30-58	
ADDRESS 1212 Vine St		26. REGISTRAR'S SIGNATURE Neva Minshel	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

P. C. Turner

All diseases in Part I must be causally related. No symptoms will be listed.



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 *E. Sterling Bills*

Licensed Embalmer No. *3178*

P. O. Address *1212 Pine St*

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.