

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-029400

FILED VS SEP 14 1959

149

Primary Registration District No. 1002

Registrar's No. 4209

STATE FILE NUMBER

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		Length of stay in 1b 38 Yrs.		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 923 Penn			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 923 Penn			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle ELIZABETH Last YECK				4. DATE OF DEATH Month August Day 27 Year 1959			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-16-1865	9. AGE (last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Winchester, Kansas	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Aaron Barnes			13b. MOTHER'S MAIDEN NAME Rachael Housh			14. NAME OF HUSBAND OR WIFE George W. Yeck	
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 Fred Yeck		Address Kansas City, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) generalized arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH yes. yes.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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	STATE
21. I attended the deceased from June 10, 1956 to Aug 27/59 and last saw her/him alive on Aug 25/59 Death occurred _____ on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE D. Solblatt (Degree or title)				22b. ADDRESS U. W. Houston Hwy. K.C. Kans.		22c. DATE SIGNED 8/27/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-29-59	23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri		
24. FUNERAL DIRECTOR Freeman Mortuary ADDRESS Kansas City, Mo.				25. DATE RECD. BY LOCAL REG. 8-28-59		26. REGISTRAR'S SIGNATURE Neve Marshall	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Goldblatt

Freeman
4302
W. H. C. R. E. H.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by or by J. Lauren Freeman Jr., Student Embalmer No. 58

working under my personal supervision.

Student J. Lauren Freeman Jr.
Signature of Student Embalmer

Signed Walter H. Cerny

Licensed Embalmer No. 435

P. O. Address K. C. 2

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