JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-015736

FILED VS MAY 16 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2436 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, Missouri — Length of stay in 1b ~~5 Mo.~~ 45 yrs.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Tuberculosis Hosp. Leeds, Missouri — Inside Limits Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes XX No ☐
d. STREET ADDRESS (If outside, give location) 522 W. 39th Terrace — Reside on Farm Yes ☐ No XX

3. NAME OF DECEASED (Type or print) First Shirley Middle B. Last York
4. DATE OF DEATH Month April Day 29 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married XX Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 11-15-1896
9. AGE (last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer
10b. KIND OF BUSINESS OR INDUSTRY Jenkins Music Co.
11. BIRTHPLACE (City and state or country) Rogersville, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Albert York
13b. MOTHER'S MAIDEN NAME Cora Hooper
14. NAME OF HUSBAND OR WIFE Mary A. York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 487-16-2920
17. INFORMANT Mrs. Mary A. York, Address 522 W. 39th Terr. K.C.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) Pulmonary Tuberculosis Active — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Nov. 9, 1959, to April 29, 1960 and last saw ~~her~~ him alive on April 29th 1960
Death occurred at 11:40 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward P. Altomare MD
22b. ADDRESS 2610 E. 63rd St. KC. Mo.
22c. DATE SIGNED 5-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-3-60
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR Mellody-McGilley-Eylar, ADDRESS 20 W. Linwood K. C. Mo.
25. DATE RECD. BY LOCAL REG. 5-2-60
26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Edward P. Altomare MEDICAL CERTIFICATION

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 _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Wm. H. Gentz

Signature of Student Embalmer

Licensed Embalmer No. 5038

P. O. Address K.C. Mo

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