

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 24 1960

60-019716

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2502

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) KANSAS CITY	Length of stay in 1b Life	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 RESEARCH HOSPITAL	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2429 QUINCY	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle H. Last YOUNG JR			4. DATE OF DEATH Month 5 Day 4 Year 60			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-4-60	9. AGE (last birthday) XX	IF UNDER 1 YEAR Months 9 Days 9 Hours 9 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City Mo. U.S.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME WILLIAM H. YOUNG SR.		13b. MOTHER'S MAIDEN NAME JO ANN HUMPHREY		14. NAME OF HUSBAND OR WIFE none		
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 WILLIAM H. YOUNG Address 2429 Quincy		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 9 hrs
IMMEDIATE CAUSE (a)	Congenital Atelectasis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Prematurity	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2nd of Triplets born prematurely	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 10 a.m. P Month, Day, Year May 4, 1960	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 Sedalia, Mo.		COUNTY Raytown 33, Mo. STATE Mo.

21. I attended the deceased from **May 4, 1960** to **May 4, 1960** and last saw him alive on **May 4, 1960**
Death occurred at **10 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE David F Eubank M.D	(Degree or title)	22b. ADDRESS 9406 E. 63rd, Raytown 33, Mo.	22c. DATE SIGNED May 5, 1960
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5-6-60	23c. NAME OF CEMETERY OR CREMATORY Crown Hill	23d. LOCATION (City, town, or county) (State) Sedalia, Mo.
24. FUNERAL DIRECTOR McLaughlin Bros. Sedalia Mo.		25. DATE RECD. BY LOCAL REG. 5-5-60	26. REGISTRAR'S SIGNATURE Nevas Minshall

DOCUMENT

BY AFFIDAVIT OF David F. Eubank 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 _____
Signature of Student Embalmer

Signed Neil Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.