RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS NOV 9 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5300 -60-038620 STATE FILE NUMBER

NDED

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 V.A. Hospital — Length of stay in 1b 7 yrs	c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V.A. Hospital — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 1020 Garfield Avenue — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)	First: Henry	Middle: Aaron	Last: Yother	4. DATE OF DEATH	Month: 10th	Day: 16th	Year: 1960
5. SEX: Male	6. COLOR OR RACE: White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 10-23-11	9. AGE (last birthday): 49 yrs	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): TRUCK DRIVER & Night Watchman	10b. KIND OF BUSINESS OR INDUSTRY: QUALITY HILL TOWERS Security	11. BIRTHPLACE (City and state or country): Denning, Arkansas	12. CITIZEN OF WHAT COUNTRY: U.S.A.				
13a. FATHER'S NAME: Joseph Henry Yother	13b. MOTHER'S MAIDEN NAME: Willie Patillo	14. NAME OF HUSBAND OR WIFE: Lelia Yother					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII	16. SOCIAL SECURITY NO.: 430-18-4113	17. INFORMANT: Lelia Yother, Wife, Address: Kansas City, Mo; VA Hospital Records, K.C., Mo					

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

IMMEDIATE CAUSE (a) Uremia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arterial and arteriolar nephrosclerosis

DUE TO (c) Hypertensive cardiovascular disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congestive heart failure

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. VA attended the deceased from October 5, 1960, to October 16, 1960 and last ~~xxxxxxxxxx~~ Death occurred at 10:00 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): T. J. FRITZLEN MD	22b. ADDRESS: V.A. Hospital, Kansas City, Mo	22c. DATE SIGNED: 10-17-60	
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: Oct. 21, 1960	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State): Kansas City Missouri
24. FUNERAL DIRECTOR: D.W. Newcomer's Sons, Kansas City, Mo	ADDRESS: 1551 Brush Cr.	25. DATE RECD. BY LOCAL REG.: 10-21-60	26. REGISTRAR'S SIGNATURE: H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Louis Quest

Signature of Student Embalmer

Licensed Embalmer No. 409

P. O. Address K.C.M

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.