No. 300
10.48

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24918

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3233

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 15 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research 3254

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
d. Is Residence within limits of a city or incorporated town? Yes X No ☐
e. STREET ADDRESS (If rural, give location): 3325 Michigan

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) c. (Last) Yates

4. DATE OF DEATH: (Month) July (Day) 9 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2

8. DATE OF BIRTH: Nov. 8, 1882

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR Months: 8 Days: 1 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home-maker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Edgerton, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Geo. P. Buchanan

13b. MOTHER'S MAIDEN NAME: Amanda Jane Johnson

14. NAME OF HUSBAND OR WIFE: Wm. R. Yates

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.: 495-24-8674

17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Cole R. Yates 3325 Michigan K.C. Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronco Pneumonia (Aspiration)	3-4 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Paralytic Ileus	6 days
DUE TO (c)		2 1/2 X
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes Mellitus	6+ years

19a. DATE OF OPERATION: 7-1-57

19b. MAJOR FINDINGS OF OPERATION: Ovarian Cyst + Gall Stones

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 51, *to* July 9, 19 57, *that I last saw the deceased* ✓ *alive on* 7-9, 19 57 *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Frank B Leitz (Degree or title): MD

23b. ADDRESS: 1520 Prof Bldg Kans City 6 Mo

23c. DATE SIGNED: 7-10-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-12-1957

24c. NAME OF CEMETERY OR CREMATORY: Ridgeley Cemetery

24d. LOCATION (City, town, or county) (State): Platte County, Mo.

DATE REC'D BY LOCAL REG.: 7-11-57

REGISTRAR'S SIGNATURE: Vera Minshall

25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: McComas Funeral Home, Smithville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Frank B. Leitz

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Donald W. Hanba

Licensed Embalmer No. 4552

P. O. Address Smithville,

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