

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17026**
2275
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 2275
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, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 8 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 2616 E. 18 St. 3218		
3. NAME OF DECEASED (Type or Print) a. (First) Allie		b. (Middle) M.	c. (Last) Young	4. DATE OF DEATH (Month) (Day) (Year) 5-18-50
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH August 5 18 86	9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid, Home		10b. KIND OF BUSINESS OR INDUSTRY General Hosp.	11. BIRTHPLACE (State or foreign country) Mississippi	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Maak Lindsey		13b. MOTHER'S MAIDEN NAME No Record	14. NAME OF HUSBAND OR WIFE W.T. Young	
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'S SIGNATURE OR NAME ADDRESS Mr Carl Young, Kansas City, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of sigmoid with widespread metastases ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 153X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from March 31, 19 50 , to May 18, 19 50 , that I last saw the deceased alive on May 18, 1950 , and that death occurred at 10:50Pm. , from the causes and on the date stated above.				
23a. SIGNATURE B.I. Burns		(Degree or title)	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 5-19-50
24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE May 22 1950	24c. NAME OF CEMETERY OR CREMATORY Salom Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Missouri
DATE REC'D BY LOCAL REG. 5-19-50	REGISTRAR'S SIGNATURE M. Waldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs C.L. Forster Kansas City, Mo.	

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

Rev. [unclear]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Joe B. Under

Licensed Embalmer No. *24173*

P. O. Address *K.C. Mo*

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 this body is not embalmed, fact should be so stated above.