S. No. 300
V. 10.48

FILED SEP 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30482
Registrar's No. 3988

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

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): 30 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 3168
d. STREET ADDRESS (If rural, give location): 630 WEST 40TH STREET

3. NAME OF DECEASED (Type or Print)
a. (First): ~~FREDRICK~~ Fred
b. (Middle): Thomas
c. (Last): YOUNG

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 15, 1951

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: NOV. 5, 1885
9. AGE (In years last birthday): 65 — 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): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: ELECTRICIAN
11. BIRTHPLACE (State or foreign country): HENRY COUNTY MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: GEORGE YOUNG
13b. MOTHER'S MAIDEN NAME: MARENDA SMITH
14. NAME OF HUSBAND OR WIFE: FLORENCE YOUNG

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.: 510-07-6686
17. INFORMANT'S SIGNATURE OR NAME: MRS. FLORENCE YOUNG
ADDRESS: 630 W. 40TH ST. 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 15 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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* Sept 14, 1951, *to* Sept 15, 1951, *that I last saw the deceased alive on* Sept. 15, 1951, *and that death occurred at* 12:15 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Daniel F. Hogan (Degree or title): MD
23b. ADDRESS: 801½ W 39th KC Mo
23c. DATE SIGNED: 9-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: SEPT-18-1951
24c. NAME OF CEMETERY OR CREMATORY: GREEN LAWN CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 9-18-51
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: D. H. Newcomer Sons
ADDRESS: Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. 4849

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.

State of Missouri } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 30482
Local Registrar's No. 3988

On this 23 day of November, 1951, before me appears Mrs. Florence L. Young, who, upon her oath, states that the original record of ~~birth~~ death for Fredrick Thomas Young died ~~born~~ September 15, 1951, in the State of Missouri, and which was filed at Kansas City on 9-18, 1951 should be corrected as follows:

Item No. 3 should read Fred. Thomas Young

Instead of Fredrick Thomas Young

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Mrs. Florence L. Young.
Relationship wife

630 W. 40th St. K.C. Mo.
Present Address.

Subscribed and sworn to before me this 23rd day of November, 1951.

My Commission expires Oct. 21, 1955

Carrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
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