

STANDARD CERTIFICATE OF DEATH

FILED MAR 15 1952

BIRTH NO. 53449 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 970

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (If in place)		d. STREET ADDRESS (If rural, give location) <u>6518-E-8th St 3750</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST JOSEPH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>YVONNE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>TEAGUE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 27-1952</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>8-11-1951</u>			9. AGE (In years last birthday) <u>6</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>NONE</u>
10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>HERMAN TEAGUE</u>		13b. MOTHER'S MAIDEN NAME <u>LOUISE HELEN MORAN</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Herman Teague</u> ADDRESS <u>K.C. Mo</u>	
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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) <u>anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Iron deficiency</u> DUE TO (c) <u>Pyelitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Died during transfusion Had hepatomegaly + edematous heart.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3-4 mos</u> <u>-3-4 mos</u> <u>3-4 mos</u> <u>10000</u>	
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) <u>Kansas City Jackson Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			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 Feb 25, 1952, to 2/27, 1952, that I last saw the deceased alive on Feb 26, 1952, and that death occurred at 3:20 PM., from the causes and on the date stated above.

23a. SIGNATURE <u>Roy F. Garrison</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Argyle Bldg. KC Mo</u>		23c. DATE SIGNED <u>2-27-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-1-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT WASHINGTON</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
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DATE REC'D BY LOCAL REG. <u>2-29-52</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Sheil</u> ADDRESS <u>K.C. Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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.

Signed.....  
Student Embalmer

Signed *John P. Sheil*  
Student Embalmer No.....  
Licensed Embalmer No. *5625*  
P. O. Address *R. 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.