

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25280**  
**3320**

No. 300  
10.48

FILED JUL 24 1953

BIRTH NO. **29900** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3320**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>2 days</b>		d. STREET ADDRESS (If rural, give location) <b>5041 N. Chelsea No. K.C. Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Medical Center</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Penney</b> b. (Middle) <b>Ann</b> c. (Last) <b>Yager</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 14 53</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>never married</b>	8. DATE OF BIRTH <b>5-12-53</b>
9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>2</b>	IF UNDER 24 HRS. Hours <b>2</b> Min. <b>2</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>K. C. Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
13a. FATHER'S NAME <b>Chris Yager</b>		13b. MOTHER'S MAIDEN NAME <b>Edith Brown</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Chris Yager</b>		ADDRESS <b>5041 No. Chelsea</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Anhydramnios</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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 <b>May 12, 1953</b> to <b>May 14, 1953</b> , that I last saw the deceased alive on <b>May 14, 1953</b> , and that death occurred at <b>3:35 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Bela K. Kent</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1109 N. W. 3rd St. Kansas City, Missouri</b>	
23c. DATE SIGNED <b>6-19-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Retained</b>		24b. DATE <b>5-14-53</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Medical Center</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>7-1-53</b>		REGISTRAR'S SIGNATURE <b>Gertrude Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Body Retained by the Memorial Medical</b>		ADDRESS <b>Center for Scientific Study</b>	

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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 \_\_\_\_\_

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**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.