

FILED OCT 20 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34241
4676

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

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 LENGTH OF STAY (in this place) 51 YEARS		c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL		e. STREET ADDRESS (If rural, give location) 2744 GILLHAM ROAD	

3. NAME OF DECEASED (Type or Print)	a. (First) JAMES	b. (Middle) A.	c. (Last) YOUNG	4. DATE OF DEATH (Month) (Day) (Year) Oct. 4, 1954
-------------------------------------	-------------------------	-----------------------	------------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB. 26, 1893	9. AGE (In years last birthday) 61	10. IF UNDER 1 YEAR Months	11. IF UNDER 2 HRS. Hours	12. IF UNDER 2 HRS. Mins.
--------------------	-------------------------------	---	---------------------------------------	---	----------------------------	---------------------------	---------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXECUTIVE SECRETARY	10b. KIND OF BUSINESS OR INDUSTRY REMANUM COMPANY	11. BIRTHPLACE (City and State or Foreign Country) ROCHESTER, NEW YORK	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	---	--

13a. FATHER'S NAME ALFRED E. YOUNG	13b. MOTHER'S MAIDEN NAME LILLIAN MILLER	14. NAME OF HUSBAND OR WIFE FRANCES L. YOUNG
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) YES. WWI Air Corps	16. SOCIAL SECURITY NO. 487-10-2062	17. INFORMANT'S SIGNATURE OR NAME MRS. FRANCES L. YOUNG	ADDRESS 2744 GILLHAM ROAD KANSAS CITY, MISSOURI
---	--	--	--

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL DEGENERATION		INTERVAL BETWEEN ONSET AND DEATH 18 MOS.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BRONCHIAL ASTHMA		10 YRS.
	DUE TO (c) GASTRIC ULCERS (3)		3 YRS.

19a. DATE OF OPERATION None	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)	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 **18 SEP. 1954** to **4 OCT. 1954**, that I last saw the deceased alive on **4 OCT. 1954**, and that death occurred at **7:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) P. H. Wakefield M.D.	23b. ADDRESS 1102 Grand K.C. 6 Mo	23c. DATE SIGNED 10-5-54
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 7, 1954	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
---	-------------------------------	--	---

DATE REC'D BY LOCAL REG. 10-7-54 newart minshall	REGISTRAR'S SIGNATURE N. J. Newcomer	25. FUNERAL DIRECTOR'S SIGNATURE 1331 BROWN CREEK KANSAS CITY, MISSOURI
---	---	--

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
P. H. Wakefield

11361 F. 103M

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.....
Signature of Student Embalmer

Signed *Chester K Brown*

Licensed Embalmer No. *49*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.