No. 300
10.48

FILED MAY 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12315

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 13

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): Rural Washington
c. LENGTH OF STAY (In this place): 57 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Outerbelt & 71 Hiway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Grandview
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Outerbelt & 71 Hiway

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): LEE
c. (Last): YOUNG

4. DATE OF DEATH (Month) (Day) (Year): 5-1-55

5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-8-85
9. AGE (In years last birthday): 69 — 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): Veterinarian
10b. KIND OF BUSINESS OR INDUSTRY: Animal Hust
11. BIRTHPLACE (City and State or Foreign Country): Kansas City Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: E. E. Young
13b. MOTHER'S MAIDEN NAME: Olive Sweaney
14. NAME OF HUSBAND OR WIFE: Alma 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.: None
17. INFORMANT'S SIGNATURE OR NAME: Alma Young, Grandview 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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	MYOCARDITIS, CHRONIC	2 YRS.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	PULMONARY EMPHYSEMA, CHRONIC	5 YRS.
DUE TO (c)	BRONCHIAL ASTHMA, RECURRENT	10 YRS.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	PULMONARY TUBERCULOSIS	6 YRS.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None 241 X A
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): None
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): WASHINGTON TWSP., JACKSON, MISSOURI

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* AUG. 27, 1947, *to* MAY 1, 1955, *that I last saw the deceased alive on* APRIL 25, 1955, *and that death occurred at* 2:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert A. Tracy, M.D.
23b. ADDRESS: BELTON, Mo.
23c. DATE SIGNED: 5-2-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-3-55
24c. NAME OF CEMETERY OR CREMATORY: Mt Moriah Cem
24d. LOCATION (City, town, or county) (State): Jackson Co. Missouri

DATE REC'D BY LOCAL REG.: 5/2/55
REGISTRAR'S SIGNATURE: Sterling E. Goddard 498-11
25. FUNERAL DIRECTOR'S SIGNATURE: E. R. George & Sons
ADDRESS: Grandview Mo.

(Licensed Embalmer's Statement on Reverse Side)

US AUG 29 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard E. George

Licensed Embalmer No. 3.9.5

P. O. Address Belton, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.