

FILED MAY 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15667

1890

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1890</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>K.C. 3215 Campbell</u>				c. LENGTH OF STAY (in this place) <u>6 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Mary Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>2325 N. 43rd St.</u>					
3. NAME OF DECEASED (Type or Print) <u>Minnie</u>		a. (First)		b. (Middle) <u>Annie</u>		c. (Last) <u>Young</u>			
4. DATE OF DEATH		(Month) <u>Apr</u>		(Day) <u>29</u>		(Year) <u>1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 22, 1880</u>			
9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>4</u>		IF UNDER 2 HRS. Hours <u>7</u> Mins. <u>4</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Adams Co., Illinois</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Widen Heimer</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Hart</u>			14. NAME OF HUSBAND OR WIFE <u>David Young, (deceased)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert H. Hays</u> ADDRESS <u>2325 N 43 St. KCKs</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arterial Sclerosis</u> INTERVAL BETWEEN ONSET AND DEATH *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Senile Debility</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>354X</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>11-41</u> , 19 <u>54</u> , to <u>4-28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-28</u> , 19 <u>55</u> , and that death occurred at <u>9:10 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Gertrude Stevens</u> (Degree or title) <u>Gertrude Stevens DO</u>				23b. ADDRESS <u>1108 E Armon</u>		23c. DATE SIGNED <u>4-29-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-29-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bowler Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lebanon Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-29-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.C. Werner</u> ADDRESS <u>Werner Mortuary KCKs.</u>					

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

* (Licensed Embalmer's Statement on Reverse Side)

Dr. Antonide Stevens
1103 E Armour
Va 4845

Jan 3224

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 Augustus G. Werner
Licensed Embalmer No. 2597

P. O. Address Kansas City, Kansas

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.