

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9389**
1239

BIRTH NO. **1302** 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 Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give to habitation) KANSAS CITY		c. LENGTH OF STAY (in this place) 4 Hrs.	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION QUEEN OF THE WORLD		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
X STREET ADDRESS (If rural, give location) 1413 N. 13th.			

3. NAME OF DECEASED (Type or Print) a. (First) INFANT b. (Middle) YATES c. (Last) #1	4. DATE OF DEATH (Month) (Day) (Year) 3-16-56
--	---

5. SEX MALE	6. COLOR OR RACE NEGRO.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3-16-56	9. AGE (to years last birthday) ---	IF UNDER 1 YEAR Months --- Days ---	IF UNDER 12 HRS. Hours 4 Min. 30
--------------------	--------------------------------	---	------------------------------------	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
--	-----------------------------------	--	---

13a. FATHER'S NAME Samuel Yates	13b. MOTHER'S MAIDEN NAME Cornelia Trice	14. NAME OF HUSBAND OR WIFE none
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Cornelia Yates	ADDRESS 1413 N. 13th. st. K.C. Kan.
---	--	--	---

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) Abruptio Placenta		
	ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) prematurity 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 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) m.	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 **3-16, 1956**, to **3-16, 1956** that I last saw the deceased alive on **3-16, 1956**, and that death occurred at **10:30 pm.**; from the causes and on the date stated above.

23a. SIGNATURE M. W. Richardson (Degree or title)	23b. ADDRESS 2526 PROSPECT	23c. DATE SIGNED 3-17-56
--	-----------------------------------	---------------------------------

24a. BURIAL CREMATION (REMOVAL) (Specify) Burial	24b. DATE 3-20-1956	24c. NAME OF CEMETERY OR CREMATORY Westlawn	24d. LOCATION (City, town, or county) (State) Kansas City, Kansas
--	----------------------------	--	---

DATE REC'D BY LOCAL REG. 3-20-56	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Jones	ADDRESS 440 state ave. K.C. Kans.
---	--	--	--

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

300
48

PA. 1.
0753

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was'em
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Eugene English*
Licensed Embalmer No. *441*

P. O. Address

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