

9392

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

1240

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

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>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>48 yrs.</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>General Hospital No. 1</b>				e. STREET ADDRESS (If rural, give location) <b>1625 McGee</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Arthur</b>		b. (Middle) <b>RALPH</b>		c. (Last) <b>Young, Sr.</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 18 1956</b>			
5. SEX <b>D</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>SEPT. 20. 1874</b>			
9. AGE (In years less birthday) <b>81</b>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Hours		IF UNDER 1 MRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED 10 YRS. CONTRACTOR - CARPENTER</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>JACKSON COUNTY, MISSOURI</b>			
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			13a. FATHER'S NAME <b>JOSEPH YOUNG</b>		13b. MOTHER'S MAIDEN NAME <b>MADLINE ROGERS</b>		14. NAME OF HUSBAND OR WIFE <b>MYRTLE A. YOUNG</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>442-18-9756</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ARTHUR RALPH YOUNG, JR.</b> ADDRESS <b>3220 OVERTON INDEPENDENCE MO</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, 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) <b>Generalized, coronary and cerebral arteriosclerosis with partial occlusion of right coronary artery</b>				DUPLICATE (b) <b>DUPLICATE (c)</b>					
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>								<b>4201</b>	
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) 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 <b>March 17, 1956</b> , to <b>March 18, 1956</b> , that I last saw the deceased alive on <b>March 18, 1956</b> , and that death occurred at <b>7:08A m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>B.I. Burns</b> (Degree or title) <b>D.</b>				23b. ADDRESS <b>24th &amp; Cherry</b>				23c. DATE SIGNED <b>3-18-1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAR. 20. 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>3-20-56</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Proctor</b>		ADDRESS <b>1357 BRUSH CARRI KANSAS CITY, MO.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

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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.....  
Signature of Student Embalmer

Signed.....  
*Jess T. Deew*

Licensed Embalmer No. *443*

P. O. Address.....  
*7500*

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.