Health, Welfare Public Service

. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C. W. Mount

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 16 1957

13510
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1475

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 3212 Charlotte — Length of stay in this place: 20 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes X No ☐
d. STREET ADDRESS (If outside, give location): 3212 Charlotte — Reside on Farm: Yes ☐ No X

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3. NAME OF DECEASED (Type or print): First: WILDA Middle: MAY- Last: YAGER

4. DATE OF DEATH Month Day Year: March 27, 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Jan 4, 1873

9. AGE (In years last birthday): 84 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Mexico, Missouri

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Freeman Smith

14. MOTHER'S MAIDEN NAME: Betty Jane Foddis

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 Address: Miss. Winifred Yager 3212 Charlotte

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Primary atypical pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Pyelonephritis — 2 wks
DUE TO (c) Arteriosclerosis — 3 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Hypertension 492X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 42

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION Kansas City **COUNTY** Jackson **STATE** Mo.

21. I attended the deceased from 3-21-57 to 3-27-57 and last saw her alive on 3-27-57
Death occurred at 2:40 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. W. Mount (Degree or title) D.O.

22b. ADDRESS 5811 Truman Rd.

22c. DATE SIGNED 3/27/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: March, 29, 1957

23c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery

23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar Funeral Home

25. DATE RECD. BY LOCAL REG.: 3-29-57

26. REGISTRAR'S SIGNATURE: Nova Minshall

(Licensed Embalmer's Statement on Reverse Side)

Dr. C. W. [illegible]
Blue [illegible]
5911 [illegible] 1 R

1:30 - 6 PM

KP 2

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Melvin Bartear

Licensed Embalmer No. 490

P. O. Address K C Mo

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