

Health, & Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17446  
STATE FILE NUMBER

FILED JUN 12 1957

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 2178

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR DEAD ON ARRIVAL INSTITUTION TRINITY LUTHERAN HOSPITAL		Length of stay in lbs 9 yrs.	d. STREET ADDRESS 3441 SUMMIT STREET		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last NORMAN B. YADON			4. DATE OF DEATH Month Day Year MAY 24 1957		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCTOBER 19 1876		9. AGE (In years last birthday) 80
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ATTORNEY		10b. KIND OF BUSINESS OR INDUSTRY LAW		11. BIRTHPLACE (City and state or country) CAMDEN COUNTY, MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME HUGH YADON		13b. MOTHER'S MARDEN NAME AMANDA BROWN <del>BOOTH</del>	
14. NAME OF HUSBAND OR WIFE WINNIE YADON		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 NORMAN YADON, 3441 SUMMIT ST. K.C. Mo			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocarditis Interval between ONSET AND DEATH 24 hours Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Myocarditis 18 mo - DUE TO (c) Senility 4222					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 5 yrs. to 5-24-57 and last saw her alive on 5-23-57 Death occurred at 2:15 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J.W. Grauer M.D.			22b. ADDRESS 3527 Broadway K.C. Mo.		22c. DATE SIGNED 5/24-57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 27 1957	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY		23d. LOCATION (City, town, or country) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BRUSH CROOK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 5-27-57	26. REGISTRAR'S SIGNATURE Reva Marshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

J. W. Grauer M.D.



W.R. 1-5-2-2

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 *Chester K Brown*

Licensed Embalmer No. *4931*  
P. O. Address *KC Mo*

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.