Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025896
STATE FILE NUMBER

FILED JUL 17 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3018

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 V A HOSPITAL — Length of stay in Ib 62 years

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 [ ] No [ ]
d. STREET ADDRESS 423 SMALLEY (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First ORLAND Middle A. Last YOUNG

4. DATE OF DEATH Month June Day 13 Year 1958

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH April 28, 1895
9. AGE (In years last birthday) 63 — 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) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (City and state or country) Iconium, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Andy Young
13b. MOTHER'S MAIDEN NAME Emma Lynn
14. NAME OF HUSBAND OR WIFE MINNIE JANE YOUNG

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WORLD WAR I
16. SOCIAL SECURITY NO. 500-10-7011
17. INFORMANT EMMA SMITH Address 423 SMALLEY, K.C. MO.

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) Bronchopneumonia; severe inanition
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Recurrent Squamous cell carcinoma, throacic wall — INTERVAL BETWEEN ONSET AND DEATH 1915
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 COUNTY STATE

21. I attended the deceased from April 13, 1958, to June 13, 1958 ~~and last saw him alive on~~
Death occurred at 7:45 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. WILLIAMS, M.D.
22b. ADDRESS VA Hospital, Kansas City, Mo.
22c. DATE SIGNED 6-13-58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE JUNE 16, 1958
23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY
23d. LOCATION (City, town, or county) KANSAS CITY (State) MISSOURI

24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS ADDRESS KANSAS City, Mo.
25. DATE RECD. BY LOCAL REG. 6-16-58
26. REGISTRAR'S SIGNATURE Neva Mendall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 ..... Signed Chester K Brown

Signature of Student Embalmer

Licensed Embalmer No. 4931

P.O. Address Ke 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.