

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021796

STATE FILE NUMBER

2618

FILED JUN 17 1959

Registration District No. 149

Primary Registration District 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 WYANDOTT	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS City		c. CITY OR TOWN KANSAS City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN 2 WKS		d. STREET (If outside, give location) ADDRESS 4017 ADAMS	
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES EDWARD YOUNG		4. DATE OF DEATH Month Day Year MAY 25-1959	
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 MAY-5-1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Millwright		10b. KIND OF BUSINESS OR INDUSTRY Cologne-Pomoline	11. BIRTHPLACE (City and state or country) Rosedale-KANSAS
10c. CITIZEN OF WHAT COUNTRY? U.S.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Alfred Young		13b. MOTHER'S MAIDEN NAME Alice Webster	
14. NAME OF HUSBAND OR WIFE Teresa Young		17. INFORMANT Address Teresa Young 4017 Adams K.C.K.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW-ONE		16. SOCIAL SECURITY NO. 510-05-4646	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Terminal B. Pneumonia DUE TO (b) Glioblastoma of Brain DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1930			INTERVAL BETWEEN ONSET AND DEATH 24-hr.
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 3/31/59 to 5/25/59 and last saw him alive on 5/25/59 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. W. Young M.D.		22b. ADDRESS 1401 S. W. Blvd. K.C. Mo.	
22c. DATE SIGNED 5/26/59		22d. LOCATION (City, town, or county) (State) KANSAS City KAN	
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Removal		23b. DATE 5-26-1959	
23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem.		23d. LOCATION (City, town, or county) (State) KANSAS City KAN	
24. FUNERAL DIRECTOR ADDRESS GATES 1901 Olive Blvd. KANSAS City 3-KAN		25. DATE RECD. BY LOCAL REG. 5-26-59	
26. REGISTRAR'S SIGNATURE Neva Minshall			

(Licensed Embalmer's Statement on Reverse Side)

1th,
elfare
lic
vice

0
0
57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

J. W. Young
M.D.

Signature of informant must be clearly legible.

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 *Paul R. Williams*

Licensed Embalmer No. *5009*
P. O. Address *Oakland Pa*

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.