

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011441

LED VS

MAR 31 1960

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Registration District No. 5572

Registrar's No. 81

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson						
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Prairie Twp. Kansas City		Length of stay in 1b 0 -		c. CITY OR TOWN Prairie Village		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In front of 12700 Banister			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3707 W 79 th.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First James Middle Kenneth Last Young				4. DATE OF DEATH Month 3 Day 20 Year 60						
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 4-26-1913	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Building Contractor			10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and state or country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Joseph B. Young			13b. MOTHER'S MAIDEN NAME Esther Irwin			14. NAME OF HUSBAND OR WIFE Sadie A. Young				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II			16. SOCIAL SECURITY NO. 495-07-8961		17. INFORMANT Address Mrs. Esther Young 8416 W. 77					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bullet Wound Head								INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)										
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) apparently self inflicted							
20c. TIME OF INJURY Hour 3 Month, Day, Year 20 60 a.m. p.m.			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Kansas City		20f. CITY, TOWN, OR LOCATION Johnson MO		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE (Degree or title) Augusta Owens Corner				22b. ADDRESS 1034 Patton Blvd				22c. DATE SIGNED 3-21-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3-22-60		23c. NAME OF CEMETERY OR CREMATORY Jo. Co. Memorial Gardens			23d. LOCATION (City, Town, or County) (State) Johnson Co. Kansas			
24. FUNERAL DIRECTOR Sheil Funeral Home K. C. Missouri				25. DATE RECD. BY LOCAL REG. 3-21-60		26. REGISTRAR'S SIGNATURE M. Langford				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 8 1960
APR 28 1960

APR 5 1960

STATEMENT BY LICENSED EMBALMER

APR 7 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. Coarner

Licensed Embalmer No. 482

P. O. Address Kansas City

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