JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-027282
STATE FILE NUMBER

FILED VS JUL 26 1960

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 351

NDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence
Length of stay in 1b Minutes
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Hospital
Inside Limits Yes ☒ No ☐

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 (If outside, give location) 8712 Lexington
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First KENNETH Middle SCOTT Last YATES SR

4. DATE OF DEATH Month July Day 18 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Jan 3 1920
9. AGE (last birthday) 40
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Taxicab Driver
10b. KIND OF BUSINESS OR INDUSTRY American Cab
11. BIRTHPLACE (City and state or country) Smithville Missouri
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Harvey Yates
13b. MOTHER'S MAIDEN NAME Tessie Levitt
14. NAME OF HUSBAND OR WIFE Wanneta Yates

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. 495-03-8346
17. INFORMANT Address Mrs Wanneta Yates 8712 Lexington 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:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Occlusion	10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Dis.	2 years
DUE TO (c)	Diabetes Mellitus	2 years

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ 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 Aug 1, 1958, to July 18, 1960 and last saw him alive on Nov. 10, 1959
Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert L Mosser (Degree or title) MD
22b. ADDRESS Independence, Mo
22c. DATE SIGNED 7/19/60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 21 1960
23c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery
23d. LOCATION (City, town, or county) Platte City (State) Missouri

24. FUNERAL DIRECTOR Sheil Funeral Home
ADDRESS Kansas City Mo
25. DATE RECD. BY LOCAL REG. 7-21-60
26. REGISTRAR'S SIGNATURE [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

Dr Moser
10901 Wornall Rd

JUL 27 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No.____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Richard E. Carro

Licensed Embalmer No. 48

P. O. Address K. C. M

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