

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

4451 -60-030880

FILED VS SEP 12 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 4451

STATE FILE NUMBER

NDED

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		Length of stay in lb Life		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 INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3214 St. John		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Frederick Middle M. Last Yanner				4. DATE OF DEATH Month August Day 28 Year 1960									
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 4-27-1892		9. AGE (last birthday) 68		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) Road Supervisor (Retired)			10b. KIND OF BUSINESS OR INDUSTRY Public Service Co.		11. BIRTHPLACE (City and state or country) Kansas City, Missouri			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Frederick M. Yanner, Sr.				13b. MOTHER'S MAIDEN NAME Catherine Mulcahey				14. NAME OF HUSBAND OR WIFE Mary Yanner					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI Army				16. SOCIAL SECURITY NO. 487-01-8393		17. INFORMANT Address K. C. Mo. Mrs. Mary Yanner, 3214 St. John,							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Ruptured abdominal aortic aneurysm DUE TO (c) Atherosclerosis of abdominal aorta										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized atherosclerosis										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 checked="" type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 April 10, 1960 to Aug 28, 1960 and last saw him alive on Aug 25, 1960 Death occurred at 10:30 A. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE H. Underwood, M.D. (Degree & title)						22b. ADDRESS 5700 E. 24th K.C. MO			22c. DATE SIGNED 8/29/60 (State)				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8-31-60		23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery			23d. LOCATION (City, town, or county) Kansas City, Missouri						
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar, ADDRESS 20 West Linwood K. C. Mo.				25. DATE RECD. BY LOCAL REG. 8-30-60		26. REGISTRAR'S SIGNATURE H. L. Dwyer							

DOCUMENT

BY AFFIDAVIT OF
A. Underwood
MEDICAL CERTIFICATION

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 George A. J. J. J.

Licensed Embalmer No. 505

P. O. Address NC 33

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.