URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED 15 OCT 8 1960

60-035136

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4727

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b 46 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3125 Jefferson
Inside Limits Yes X 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 X No ☐
d. STREET ADDRESS (If outside, give location) 3125 Jefferson
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First Neil Middle B. Last Yates
4. DATE OF DEATH Month Sept. Day 14, Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Aug. 10, 1904
9. AGE (last birthday) 56
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) Supt.
10b. KIND OF BUSINESS OR INDUSTRY Ready Mix Concrete
11. BIRTHPLACE (City and state or country) Texas
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME John W. Yates
13b. MOTHER'S MAIDEN NAME Fannie Rolater
14. NAME OF HUSBAND OR WIFE Margie E. 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. 487-07-6279
17. INFORMANT Margie E. Yates, Address Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH 5 Years
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) MYOCARDIAL INFARCTION; CEREBELLAR THROMBOSIS.
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO X
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 July 25, 1953, to September 14, 1960 and last saw him alive on August 25, 1960
Death occurred at 10:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE D. J. Cutcliff (Degree or title) M.D.
22b. ADDRESS 1222 McGee St., Kansas City, Mo.
22c. DATE SIGNED 9-15-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 9-17-60
23c. NAME OF CEMETERY OR CREMATORY Greenlawn
23d. LOCATION (City, town, or county) (State) Kansas City, Mo.
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 9-16-60
26. REGISTRAR'S SIGNATURE H. L. Dwyer

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF D. J. Cutcliff MEDICAL CERTIFICATION DOCUMENT

STATEMENT BY LICENSED EMBALMER

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_____ Signed Thomas A. Kar

Signature of Student Embalmer

Licensed Embalmer No. 4995

P. O. Address W.C., M

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