

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26270**

**FILED AUG 20 1946**

Registration District No. **3**

Primary Registration District No. **3006**

Registrar's No. **200**

1. PLACE OF DEATH:

(a) County **Boone**  
 (b) City or town **Columbia**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Boone County Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)  
 In this community **12 Years**  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: **HENRY McCLURE YOUNG**

3. (b) If veteran, name war **None** 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Maude Holmes Young** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **9 - 19 - 1877**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>68</b>	<b>10</b>	<b>23</b>	hr. _____ min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

MOTHER, FATHER

10. Usual occupation **Physician**

11. Industry or business \_\_\_\_\_

12. Name **Daniel C. Young**  
 13. Birthplace **New York**  
(City, town, or county) (State or foreign country)

14. Maiden name **Clara Post**  
 15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. H. McClure Young**  
 (b) Address **10 Wayne Rd., Columbia, Mo.**

17. (a) **Cremation** (b) Date thereof **8-14-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **St. Louis, Mo.**

18. (a) Signature of funeral director **Parsons Funeral Service**  
 (b) Address **Columbia, Mo.**

19. (a) **8-13-46** (b) **Mrs R. E. Palmer**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone**  
 (c) City or town **Columbia**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **10 Wayne Rd.**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug.** day **12**  
 year **1946** hour **11** minute **A. M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Left Coronary Occlusion**  
**Coronary atherosclerosis**  
**& general arteriosclerosis**  
**Due to cardiac hypertrophy**

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **same as above**

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury **Coronary**  
 23. Signature **B. Howard** (Att. D. or other)  
 Address **Columbia Mo** Date signed **8/13/46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2511

79

RECEIVED  
District Health Officer No. 9,  
District File Number 8-46-182  
Case filed 8-19-46

AUG 23 1946

FEB 15 1948

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4132

P. O. Address. Columbia, Md.

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 this body is not embalmed, fact should be so stated above.