

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39939**

FILED DEC 28 1948

BIRTH NO. _____ REG. DIST. NO. 177 PRIMARY REG. DIST. NO. 5514 Registrar's No. 261

42
50

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

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry 42</u>	
b. CITY OR TOWN <u>Royal Osage Twp</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>CLINTON</u>	d. STREET ADDRESS (If rural, give location) <u>Wood St</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eddie</u> b. (Middle) <u>Edwin</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 20 48</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-20-04</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Days <u>10</u> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Oil Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Montrose Mo 089</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Hiram Henry Young</u>		13b. MOTHER'S MAIDEN NAME <u>Willia Ann Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Marble P Young</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-26-8250</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marble P Young</u> ADDRESS <u>Wood St. Clinton</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>935</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Not known but probably arteriosclerotic</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Osage Twp Henry Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from head, on to arrival, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. 3

23a. SIGNATURE (Degree or title) <u>Dr. R. S. Hallingford Coroner</u>		23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>12/21/48</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/23/48</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>Henry Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sickman & Dunning</u> ADDRESS <u>Clinton Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-23-48</u>		REGISTRAR'S SIGNATURE <u>R.R. Kennedy</u> <u>120</u>			

RECEIVED
District Health Officer No. 7,
District File Number 11-48-1485
Date Filed 12-27-48

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 _____

Robert L. Dunning Student Embalmer No. 3682
working under my personal supervision.

Signed Robert L. Dunning
Student Embalmer

Signed J. P. Hooley
Licensed Embalmer No. 3682
P. O. Address Calhoun, Mo.

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.