

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

137

State File No.

FILED JAN 12 1949

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 40112 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>9</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUTESVILLE, Lorraine</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LUTESVILLE</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monsieur's Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) <u>REBECCA</u>	a. (First) <u>REBECCA</u>	b. (Middle) <u>ELSIE</u>	c. (Last) <u>YOUNT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 1, 1949</u>
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5. SEX <u>3</u> <u>1</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept. 7, 1884</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS* OR INDUSTRY <u>Huf.</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>✓</u>
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13a. FATHER'S NAME <u>WILLIAM NICHOLS</u>	13b. MOTHER'S MAIDEN NAME <u>LILLIE STOTTS</u>	14. NAME OF HUSBAND OR WIFE <u>OSCAR YOUNT</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Curtis Yount</u> ADDRESS <u>St. Louis</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac De-compensative</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Infant (Cardiac)</u> DUE TO (c) <u>4:20</u>		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>2</u>
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22. I hereby certify that I attended the deceased from 12/15/48, 1948, to 12/31/48, 1948, that I last saw the deceased alive on 12/31/48, 1948, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>John J. Myers</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Lutesville Mo</u>	23c. DATE SIGNED <u>1/5/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 3, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEMETARY</u>	24d. LOCATION (City, town, or county) (State) <u>LUTESVILLE MO</u>
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DATE REC'D BY LOCAL REG. <u>Jan. 8</u>	REGISTRAR'S SIGNATURE <u>Mellie Vandenberg</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. J. Baker</u> ADDRESS <u>Lutesville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Health Officer No. 4

File Number 149-22

Date Filed 1-11-49

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, W.

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.