

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9342

State File No. ....

FILED MAR 21 1949

BIRTH NO. 48-49498 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 13

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

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON MO</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho Granby R#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hosp.</u>		d. STREET ADDRESS <u></u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Helen</u> b. (Middle) <u>MARIE</u> c. (Last) <u>Youngblood</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 23 1949</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>Sept 5 1948</u>
9. AGE (In years last birthday) <u>5</u> IF UNDER 1 YEAR Months <u>18</u> Days <u>18</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Granby, Mo R#1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Tommy Youngblood</u>	
13b. MOTHER'S MAIDEN NAME <u></u>		14. NAME OF HUSBAND OR WIFE <u></u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u></u>		16. SOCIAL SECURITY NO. <u>-</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Tommy Youngblood</u>		ADDRESS <u>Granby, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u></u> <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Labor Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>100%</u>	
19a. DATE OF OPERATION <u></u>		19b. MAJOR FINDINGS OF OPERATION <u></u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u></u>			
22. I hereby certify that I attended the deceased from <u>2-22</u> , 19 <u>49</u> , to <u>2-23</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-23</u> , 19 <u>49</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. L. Whitehead M.D.</u>		23b. ADDRESS <u>Neosho Mo</u>	
23c. DATE SIGNED <u>3-8-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>2-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Granby R#1 Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melvin C. Bowman</u>	
DATE REC'D BY LOCAL REG. <u>March 5, 1949</u>		ADDRESS <u>228 Clark-Bigham Mart. Neosho, Mo.</u>	

RECEIVED  
District Health Officer No. 97-17-49  
Inspector File Number 97-17-49  
Date Filed 8-17-49  
Houston Co. Health Officer

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.

Signed H. G. White

Licensed Embalmer No. 4240

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Neosho, 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.