

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11430

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>10</u>		PRIMARY REG. DIST. NO. <u>3002</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>AUDRAIN</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>MEXICO MO</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>AUDRAIN</u>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural PRAIRIE</u>		d. STREET ADDRESS (If rural, give location) <u>OPR # 1</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>AUDRAIN COUNTY HOSPITAL</u>							
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>JOHN</u>	b. (Middle) <u>M.</u>	c. (Last) <u>YOUNG</u>	(Month) <u>APRIL</u>	(Day) <u>18</u>	(Year) <u>1949</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JANUARY 16, 1911</u>	9. AGE (In years last birthday) <u>38</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 1 YEAR Days <u>7</u>	IF UNDER 1 HR. Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>AUDRIAN CO MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>THOMAS YOUNG</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA ALICE YOUNG</u>		14. NAME OF HUSBAND OR WIFE <u>MARTHA ALICE YOUNG</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Messie Young Jefferson City</u>			
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 <u>10 years</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renalized Arterio-sclerosis</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>					
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) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Mo. Audrain Mo. Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>April 15, 1949</u> , to <u>April 18, 1949</u> , that I last saw the deceased alive on <u>April 17, 1949</u> , and that death occurred at <u>5 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harry J. O'Brien M.D.</u>				23b. ADDRESS <u>Mexico Mo.</u>		23c. DATE SIGNED <u>4-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Apr. 20-49</u>		REGISTRAR'S SIGNATURE <u>B. Pasche Reely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clara Busch</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No.
District File Number 4-49
Date Filed APR 25 1949

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 Charles V. Greening

Licensed Embalmer No. 46256

P. O. Address Mexico 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.