

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11617**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 476	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 64 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2804 Sacramento				d. STREET ADDRESS (If rural, give location) 2804 Sacramento			
3. NAME OF DECEASED (Type or Print) a. (First) Waller		b. (Middle) Randall		c. (Last) Young, Jr.		4. DATE OF DEATH (Month) (Day) (Year) 4/23/49	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 9/26/1884	
9. AGE (In years last birthday) 64		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 HR. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman		10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co.		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME Waller R. Young		13b. MOTHER'S MAIDEN NAME Kate Howard		14. NAME OF HUSBAND OR WIFE Jeanette Young			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 491-09-8880		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jeanette Young St. Joseph, Mo.			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis with myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4 no				INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES ☐ NO ☒	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 4-11 , 19 49 , to 4-23 , 19 49 , that I last saw the deceased alive on 4-22 , 19 49 , and that death occurred at 5:30 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE (Determine title) W. D. Earle M.D.				23b. ADDRESS St. Joseph, Missouri		23c. DATE SIGNED 4-25-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/26/49		24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph Mo.	
DATE REC'D BY LOCAL REG. April 28, 1949		REGISTRAR'S SIGNATURE E. B. Jenkins		25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

Name

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

MAR 11 1950

DEC 2 1949

Mr. Carl

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 _____

Emmanuel

Signed _____
Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, St. Joseph

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.