

FILED AUG 6 1949

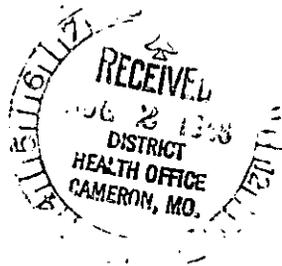
STANDARD CERTIFICATE OF DEATH

State File No. 22728
Registrar's No. 25

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

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4063

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hamilton</u>	
c. LENGTH OF STAY (in this place) <u>8 1/2 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>401 E. Bird</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home on E. Bird St</u>			
3. NAME OF DECEASED a. (First) <u>Marie</u> b. (Middle) <u>Theresa</u> c. (Last) <u>Young</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 7, 1867</u>
9. AGE (Last birthday) <u>81</u> Months <u>6</u> Days <u>26</u>		9. AGE (Under 4 mos.) Hours <u>✓</u> Min. <u>✓</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Caldwell Co Mo U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Oliver Austin</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Pender</u>	
14. NAME OF HUSBAND OR WIFE <u>Seth M. 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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Miss Cora A. Austin</u>		ADDRESS <u>Hamilton Mo</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma ovary cystic, pseudomucosa</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</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)		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)		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 <u>July 1948</u> , to <u>July 3, 1949</u> , that I last saw the deceased alive on <u>July 2, 1949</u> , and that death occurred at <u>7:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank A. Daley, M.D.</u>		23b. ADDRESS <u>Hamilton, Mo.</u>	
23c. DATE SIGNED <u>7-14-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 5, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Highland Cetry</u>		24d. LOCATION (City, town, or county) (State) <u>Hamilton Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>July 5 1949 Gladys Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brown Funeral Home</u>	
ADDRESS <u>Hamilton Mo</u>			



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 *R. J. A. Brown*

Licensed Embalmer No. *3052*

P. O. Address *Hamilton, T.*

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.