

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34660**

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 340	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2217 East Broadway				d. STREET ADDRESS (If rural, give location) 2217 East Broadway			
3. NAME OF DECEASED (Type or Print)		a. (First) EDNA		b. (Middle) MAE		c. (Last) YOUNG	
4. DATE OF DEATH		Oct. 8, 1949		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 26, 1903		9. AGE (In years last birthday) 46		10. IF UNDER 1 YEAR Months Days Hours Min.	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		11b. KIND OF BUSINESS OR INDUSTRY Home-making		12. BIRTHPLACE (State or foreign country) Pettis County, Mo.		13. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Blair		13b. MOTHER'S MAIDEN NAME Mae L. Swezey		14. NAME OF HUSBAND OR WIFE Lovey Arthur Young			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME L.A. Young ADDRESS 2217 E. Broadway			
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by firearms 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. 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES ☐ NO ☒		MEDICAL CERTIFICATION Sedalia, Mo.		INTERVAL BETWEEN ONSET AND DEATH E976X			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) Sedalia (COUNTY) Pettis (STATE) Missouri		21d. TIME (Month) (Day) (Year) (Hour) Oct 8, 1949 6:30 A.	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? Suicide by firearms					
22. I hereby certify that I attended the deceased ~~from~~ as coroner to the ~~last saw the deceased~~ and that death occurred at 6:30 AM, from the causes and on the date stated above.							
23a. SIGNATURE Chas Gordon Hauffsch (Degree or title) MD		23b. ADDRESS Conner & Pettis Co. - Union		23c. DATE SIGNED Oct 10 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/10/49		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
DATE REC'D BY LOCAL REG. 10/10/49		REGISTRAR'S SIGNATURE Betty Yeager		25. GENERAL DIRECTOR'S SIGNATURE Wm. E. ... ADDRESS Sedalia, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

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

OCT 17
RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-17-49

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 Warren K. Dietz

Licensed Embalmer No. 4583

P. O. Address Sedalia, 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.