

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36249**

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u> /				c. LENGTH OF STAY (in this place) <u>41 yrs.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>806 East 9th</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u> /			
d. STREET ADDRESS (If rural, give location) <u>806 East 9th St.</u>				d. STREET ADDRESS (If rural, give location) <u>806 East 9th St.</u> 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) _____			c. (Last) <u>Youngblood</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1949</u>							
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 18, 1869</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Hamburg, Germany</u> 4		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Youngblood</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Rosa Youngblood</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Rosa Youngblood, Lamar, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Dis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Bronchitis</u> 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 <input type="checkbox"/> NO <input 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) (Min.) _____		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>May 19, 1949</u> , to <u>Nov. 6, 1949</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:30 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>W. M. O'Connell M.D.</u>				23b. ADDRESS <u>Lamar Mo</u>		23c. DATE SIGNED <u>11/9/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 9, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakton Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Oakton, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-7-49</u>		REGISTRAR'S SIGNATURE <u>Marie Korantz</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clarence W. Chiles</u>		

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

NOV 21 1949

RE - - - - - NOV 14 1949
District Health Office No. 6,
District File Number 1149-1145
Date Filed 11-14-49

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.

Signed.....
Student Embalmer

Signed Clarence W. Chiles.....

Licensed Embalmer No. 3473

P. O. Address. Senat Meo

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.