

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36568

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 391

16
4
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
 a. COUNTY Cape Girardeau
 b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Cape Girardeau
 c. LENGTH OF STAY (in this place) 18 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 934 No. Spanish St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
 a. STATE Missouri b. COUNTY Cape Girardeau
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau
 d. STREET ADDRESS (If rural, give location) 934 No. Spanish Street

3. NAME OF DECEASED
 a. (First) Arlic b. (Middle) Youngblood c. (Last) Youngblood
4. DATE OF DEATH (Month) (Day) (Year) Nov. 16, 1949

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widowed
8. DATE OF BIRTH Feb. 23, 1891 **9. AGE** (In years last birthday) 58 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer **10b. KIND OF BUSINESS OR INDUSTRY** _____
11. BIRTHPLACE (State or foreign country) Heilman, Indiana **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Don't Know **13b. MOTHER'S MAIDEN NAME** Don't Know **14. NAME OF HUSBAND OR WIFE** Cora Youngblood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. # 1 **16. SOCIAL SECURITY NO.** 489-26-5072 **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Warren Blankenship **ADDRESS** Cape Gir. 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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertensive Cardiovascular Disease **INTERVAL BETWEEN ONSET AND DEATH** 2 yrs +
ANTECEDENT CAUSES Death **DUE TO (b)** Coronary thrombosis **immediate**
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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

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 NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from May 14, 1948, **and that death occurred at** 2:30 P. m., **from the causes and on the date stated above.**

23a. SIGNATURE John Crowe (Degree or title) _____ **23b. ADDRESS** 3rd St. Cape Girardeau, Mo. **23c. DATE SIGNED** 11/19/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Nov. 18, 1949 **24c. NAME OF CEMETERY OR CREMATORY** Lorimier Cemetery **24d. LOCATION** (City, town, or county) (State) Cape Girardeau Mo.
DATE REC'D BY LOCAL REG. 11-19-1949 **REGISTRAR'S SIGNATURE** C. C. Summers **44** **25. FUNERAL DIRECTOR'S SIGNATURE** Edward P. Brown **ADDRESS** Cape Gir. Mo.

(Licensed Embalmer's Statement on Reverse Side)

DEC 19 1949

RECEIVED 11-21-49

Director Health Officer No. 4

Department File Number 1149-152

Date Filed

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 *Lawrence R. Hamman*

Licensed Embalmer No. 4122

P. O. Address *Cape Girardeau, 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.