

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38230
State File No.

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 422

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>421 E. 11th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bochwell Hosp. 0</u>			
3. NAME OF DECEASED a. (First) <u>Hester</u> b. (Middle) <u>Ford</u> c. (Last) <u>Young</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct. 18, 1864</u>
9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>12</u>	IF UNDER 18 HRS. 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 <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Fountain J. Ford</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Graham</u>	
14. NAME OF HUSBAND OR WIFE <u>Thos. B. Young</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Emery Meyers - 421 E. 11th</u>		ADDRESS <u></u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Perforated Small Intestine.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>29 days.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Geangrenous Small Intestine. Please see other side.</u>	
DUE TO (c) <u></u>		DUE TO (a) <u></u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>See other side.</u>	
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)		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>over 10 years</u> to <u>Nov. 30th, 1949</u> , that I last saw the deceased alive on <u>Nov. 29th, 1949</u> , and that death occurred at <u>2.15 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u>		23b. ADDRESS <u>Sedalia, Missouri.</u>	
23c. DATE SIGNED <u>12-1-49.</u>			
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>Dec 2, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Brown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 2-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>2511/2 Deputy M. Laughlin Bros.</u>		ADDRESS <u>519 So. Ohio Sedalia Mo.</u>	

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

JAN 10 1950

On September 26th, 1949 this lady was operated on for a strangulated right inguinal hernia. At the operation a loop of bowel was becoming gangrenous. Because of her age and physical condition resection of this loop could not be done. On November 1st, 1949 the wound broke open and there was apparently a perforation of the small bowel at the site of the strangulated bowel. Her condition was not such that operation could be done. She died from the perforation and the general sepsis that followed it.

Sedalia, Missouri,
December 1st, 1949.

Jno. B. Carlisle, M.D.

Jno. B. Carlisle M.D.

RECEIVED DEC 5
District Health Officer No. 8,
Number 12-6-49

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 *K.P. Mcrary*

Licensed Embalmer No. 3153

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.