

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38386

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 2036 Registrar's No. 74

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

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Doniphan, Missouri.</u>		c. LENGTH OF STAY (in this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Shirley township.</u>		d. STREET ADDRESS (If rural, give location) <u>7 miles west of Doniphan, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Died in car on way to Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ora</u> b. (Middle) <u>Della</u> c. (Last) <u>Youngs.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5, 1949.</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 14, 1893.</u>	9. AGE (In years last birthday) <u>56.</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>24</u>	IF UNDER 2 HRS. Hours _____ Min. _____
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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>Ripley County, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Dewitt Johnson.</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Crim.</u>	14. NAME OF HUSBAND OR WIFE <u>James William Youngs.</u>
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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 <u>J W Youngs.</u>	ADDRESS <u>Doniphan, Mo.</u>
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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) <u>Pulmonary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4/65X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asthma & Cardiac Pain</u>		
	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 <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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? _____
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22. I hereby certify that I attended the deceased from 12-5-49 to 12-8-49, 1949, that I last saw the deceased dead on 12-5-49, 1949, and that death occurred at C. P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. Edw. Edmonson M.D.</u>	23b. ADDRESS <u>Nashville, Miss.</u>	23c. DATE SIGNED <u>12-7-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>Dec. 8, 1949.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wilson Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Doniphan, Mo. Rt. #7.</u>
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DATE REC'D BY LOCAL REG. <u>12-7-49</u>	REGISTRAR'S SIGNATURE <u>C. R. Johnston</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Means.</u>	ADDRESS <u>Doniphan, Mo.</u>
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This woman died without Saniphon Mo. 12-7-49.
medical attention. J.E.A.

RECEIVED 12/6/49

District Health Officer No. 5,

District File Number 1249-757

Date Filed 12/9/49

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.