

FILED DEC 20 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

40935

State File No.

BIRTH NO. _____ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5506 Registrar's No. 267

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	c. LENGTH OF STAY (In this place) <u>20 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Mi. N + W of Clinton</u>		d. STREET ADDRESS (If rural, give location) <u>214 W Jefferson St</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mable</u> b. (Middle) <u>Blondette</u> c. (Last) <u>Young</u>	DATE OF DEATH (Month) (Day) (Year) <u>12-12-49</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>widowed</u>	8. DATE OF BIRTH <u>Aug 26 1928</u>	9. AGE (In years: last birthday) <u>43</u>	IF UNDER 1 YEAR Month(s) _____ Day(s) _____	IF UNDER 24 HRS. Hour(s) _____ Min. _____
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>Stenberg Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Samuel M. C. Clifton</u>	13b. MOTHER'S MAIDEN NAME <u>Bertie Steider</u>	14. NAME OF HUSBAND OR WIFE <u>Donald Young</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>497-26-8251</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Donald Young</u>	ADDRESS <u>214 Agnes Home</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE CHEST AND HEAD INJURIES SUSTAINED IN AUTO ACCIDENT</u>	INTERVAL BETWEEN ONSET AND DEATH <u>15 MIN.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____	<u>1-88234</u> <u>32</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 35 Clinton</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clinton Henry Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) <u>DEC. 13 1949 1:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Automobile accident - ROR +</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30 am, from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh B. Walker, MD</u> (Degree or title)	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>12 Dec. 1949</u>
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24a. BURIAL/CREMATION/REMOVAL (Specify) <u>Rural</u>	24b. DATE <u>12-14-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Montrose Mo R.R.</u>
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DATE REC'D BY LOCAL REG <u>Dec-14-49</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lickness & Deming</u>	ADDRESS <u>Clinton</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 11-49-1470

Date Filed 12-19-29

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 Robert L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton 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.