

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42008**

FILED JAN 5 1950

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>4408</u>		Registrar's No. <u>447</u>	
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) <u>Smithton</u>		c. LENGTH OF STAY (If this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Smithton</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home East End</u>				d. STREET ADDRESS (If rural, give location) <u>East End</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stelle</u>		b. (Middle) <u>Mae</u>		c. (Last) <u>Young</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17-1949</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan 14 1884</u>	
9. AGE (In years last birthday) <u>65</u>		10. UNDER 1 YEAR <u>11</u> Days		11. UNDER 1 YEAR <u>3</u> Hours		12. UNDER 1 YEAR <u>Min.</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>Morgan Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Lewis</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mock</u>		14. NAME OF HUSBAND <u>Ruben</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruben Young</u>		ADDRESS <u>Smithton, 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>Pneumonia, Congestive</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Uremia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic nephritis</u>				INTERVAL BETWEEN ONSET AND DEATH  <u>792X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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</u> , 19 <u>49</u> , to <u>Dec</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>17 Dec</u> , 19 <u>49</u> , and that death occurred at <u>5:15 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>P. V. Siegel (M.D.)</u>				23b. ADDRESS <u>Smithton Mo</u>		23c. DATE SIGNED <u>Dec 17 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smithton</u>		24d. LOCATION (City, town, or county) (State) <u>Smithton Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-24-49</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Depue</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. Henney</u>		ADDRESS <u>Smithton Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-3-50

District Health Officer No. 8;

District File Number.....

Date Filed 1-3-50.....

JAN 5 1950

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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.....

Licensed Embalmer No. 3912

P. O. Address

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.