

- THE DIVISION OF HEALTH OF MISSOURI -
STANDARD CERTIFICATE OF DEATH

FILED JAN 23 1950

State File No. **43990**

BIRTH NO. _____ REG. DIST. NO. **378** PRIMARY REG. DIST. NO. **6286** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wood TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wood TWP.	
c. LENGTH OF STAY (In this place) 43 Yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION /		d. STREET ADDRESS (If rural, give location) 10 Mi North Norwood Mo.	

3. NAME OF DECEASED (Type or Print)	a. (First) Cecil	b. (Middle) E.	c. (Last) Young	4. DATE OF DEATH (Month) (Day) (Year) 12 26 1949
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5. SEX MO	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 13, 1906	9. AGE (In years last birthday) 43	10. UNDER 1 YEAR Months 10 Days 13	11. UNDER 24 Hrs. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Hartville, Mo	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME J. O. Young	13b. MOTHER'S MAIDEN NAME Adaline Ward	14. NAME OF HUSBAND OR WIFE Delpha Young
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Delpha Young Norwood, Mo.	ADDRESS Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) NE most stage of brain		INTERVAL BETWEEN ONSET AND DEATH 331X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arterial Sclerosis		
	DUE TO (b) _____ 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 checked="" 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) (Min.)	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 **Dec 26, 1949** to **Dec 26, 1949**; that I last saw the deceased alive on **Dec 28, 1949**, and that death occurred at **8:00A m.**, from the causes and on the date stated above.

23a. SIGNATURE L. J. Van Noy M.D.	(Degree or title)	23b. ADDRESS Mason St Hartville Mo	23c. DATE SIGNED 1/6-1950
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-28-1949	24c. NAME OF CEMETERY OR CRYMATORY Steele Memorial	24d. LOCATION (City, town, or county) (State) Hartville, Mo.
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DATE REC'D BY LOCAL REG. 1-11-50	REGISTRAR'S SIGNATURE A. C. Ames	348	25. FUNERAL DIRECTOR'S SIGNATURE L. Gene E. Holden	ADDRESS Hartville, Mo
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No. 300
10-48
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JAN 21 1950
District Health Office No. 6,
District File Number 150-108
Date Filed 1-21-50

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.

Signed Gene E. Holman

Signed _____
Student Embalmer

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.