

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 103

BIRTH NO. 6055-50		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 3	
1. PLACE OF DEATH a. COUNTY BARTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BARTON			
b. CITY OR TOWN LAMAR		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN LAMAR		d. STREET ADDRESS	
d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) PAUL		b. (Middle) HERBERT		c. (Last) YOUNG		4. DATE OF DEATH (Month) (Day) (Year) JAN 7 1950	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED		8. DATE OF BIRTH JAN 6 1950	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) XXX		10b. KIND OF BUSINESS OR INDUSTRY XXX		11. BIRTHPLACE (State or foreign country) LAMAR, MISSOURI	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME HERBERT W. YOUNG		13b. MOTHER'S MAIDEN NAME JEAN WALTERS	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE XXX		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XXX	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. PAUL WALTERS			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Expected Confinement April 13, 1950) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 8 hrs n 7/6 X	
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)		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 Jan 6, 1950, to Jan 7, 1950, that I last saw the deceased alive on Jan 7, 1950, and that death occurred at 6:30 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Wm T. Bichel M.D.</i>				23b. ADDRESS <i>Lamar, MO</i>		23c. DATE SIGNED <i>1/7/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 7 1950		24c. NAME OF CEMETERY OR CREMATORY LAKE CEMETERY		24d. LOCATION (City, town, or county) (State) LAMAR, MISSOURI	
DATE REC'D BY LOCAL REG. JAN 7 - 1950		REGISTRAR'S SIGNATURE <i>Marie Konantz</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KONANTZ FUNERAL HOME LAMAR, MO. <i>Carl Konantz</i>			

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

RECEIVED JAN 9 1950

District Health Office No. 6,

District File Number 150-37

Date Filed 1-9-50

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.

Student
Student Embalmer

Signed Frank W. Denton

Licensed Embalmer No. 4581

P. O. Address Lamar, Missouri

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.