

FILED JAN 19 1950

STANDARD CERTIFICATE OF DEATH

State File No.

451

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5176 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Camden</u> <u>rural</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u> (115)	
b. CITY OR TOWN <u>Stoutland-Auglaize</u> <u>years</u>		c. CITY OR TOWN <u>Stoutland route 1 - Auglaize</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route 1</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Amanda</u> b. (Middle) <u>Young</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5th 1950</u>
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 9. AGE (In years last birthday) <u>Nov 23rd 1864</u> <u>85</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u> IF UNDER 4 HRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Joseph Boyer</u>	
13b. MOTHER'S MAIDEN NAME <u>Susie Stone</u>		14. NAME OF HUSBAND OR WIFE <u>Wallace W Young</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>W.W. Young</u>		ADDRESS <u>Stoutland Rout 1 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> <u>15 yrs</u> DUE TO (c) <u>Generalized Sclerosis</u> <u>15 yrs</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None except Senility</u> <u>1501</u>	
19a. DATE OF OPERATION <u>none</u>	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) m.	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>Oct 10, 1949</u> to <u>Jan 5th, 1950</u> that I last saw the deceased alive on <u>Nov 11, 1949</u> , and that death occurred at <u>4:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul C Rook M.D.</u>		23b. ADDRESS <u>Richland, Mo</u>	23c. DATE SIGNED <u>Jan 7 1950</u>
24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE <u>1/9/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stoutland Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Stoutland Mo</u>
DATE REC'D BY LOCAL REG. <u>Jan-11-1950</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw</u> <u>420</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Deeser</u> ADDRESS <u>Richland</u>	

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

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RECEIVED

District Health Officer No. 7
District File Number 12-8-1952
Date Filed 1-18-50

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 _____

Ewell Craig

Student Embalmer No. 329

working under my personal supervision.

Student *Ewell C. Craig*
Student Embalmer

Signed *R. B. Jumper*

Licensed Embalmer No. 3148

P. O. Address *Richland*

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.