

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11316

State File No. 1884

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ENROUTE TO CITY HOSP. #1		d. STREET ADDRESS (If rural, give location) 7 - 4546 NO. KINSHIGHWAY BLVD.	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) ROBERT c. (Last) YOUNG		4. DATE OF DEATH (Month) (Day) (Year) February 25-1950	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH Nov. 21, 1889
9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Sharp County, Arkansas		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME Preston Young	13b. MOTHER'S MAIDEN NAME Emma Gordon	14. NAME OF HUSBAND OR WIFE Zora
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Zora Young 4546 No. Kingshighway Blvd.	
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Subdural hematoma</i>		<i>(old)</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (b) stating the underlying cause last. <i>Time, Place, Cause and manner of death caused</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>not be determined</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>Open Verdict</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <i>331 X</i>
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *9:00 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Reginald L. Deane, Deput</i>	(Degree or title)	23b. ADDRESS <i>1500 Clark</i>	23c. DATE SIGNED <i>2/21/50</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>2-27-50</i>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <i>Jonesboro, Arkansas</i>
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DATE REC'D BY LOCAL REG. <i>FEB 27 1950</i>	REGISTRAR'S SIGNATURE <i>J. B. Laster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>McLaughlin Funeral Home</i>	ADDRESS <i>230 N. 2nd St. Joplin</i>
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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 L. B. Cooper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.