S. No. 300
Rev. 10.48

0100

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

FILED MAY 16 1950

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

State File No. 15883

BIRTH NO. _____ REG. DIST. NO. -37- PRIMARY REG. DIST. NO. 4049 Registrar's No. 35

**1. PLACE OF DEATH**
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CENTRALIA
c. LENGTH OF STAY (In this place): 58 4 RS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 427 So. Jefferson St.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia
d. STREET ADDRESS (If rural, give location): 427 So. Jefferson St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): John
b. (Middle): Robert
c. (Last): Younger

**4. DATE OF DEATH** (Month) (Day) (Year): April-30-1950

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed
**8. DATE OF BIRTH**: Nov. 7-1849
**9. AGE** (In years last birthday): 100 — IF UNDER 1 YEAR: Months 5, Days 23 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Farming
**11. BIRTHPLACE** (State or foreign country): Callaway County, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Robert M. Younger
**13b. MOTHER'S MAIDEN NAME**: Ann D. Gay
**14. NAME OF HUSBAND OR WIFE**: Nannie T. Wade

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): None
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: C. W. Younger, Centralia, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral apoplexy — 2 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*
334X

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Oct-26, 1945, *to* April 30, 1950, *that I last saw the deceased alive on* April 30, 1950, *and that death occurred at* 12:05 p. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: L. Lachance (Degree or title) M.D.
**23b. ADDRESS**: Centralia, Mo
**23c. DATE SIGNED**: May-1-50

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: May-2-1950
**24c. NAME OF CEMETERY OR CREMATORY**: Centralia Cemetery
**24d. LOCATION** (City, town, or county) (State): Centralia, Missouri

**DATE REC'D BY LOCAL REG.**: May 2-1950
**REGISTRAR'S SIGNATURE**: Maud McBride
**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: Lane J. Ballew, Centralia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 10 1950
District Health Officer No. 9,
District File Number.....

## 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 Paul J. Bellew

Licensed Embalmer No. 4206

P. O. Address Bertrand, 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.