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FILED JUN 5 1950 STANDARD CERTIFICATE OF DEATH

State File No. 17292

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5680 Registrar's No. 291

1. PLACE OF DEATH a. COUNTY <i>Laclede</i>		2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Laclede</i>	
b. CITY OR TOWN <i>Lebanon Rural</i>		c. CITY OR TOWN <i>Lebanon Rural</i> 0530	
c. LENGTH OF STAY (in this place) <i>Unknown</i>		d. STREET ADDRESS (If rural, give location) <i>Rural Route #1. Near Bushoud</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Lebanon R. # 2</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i> b. (Middle) <i>J.</i> c. (Last) <i>Young</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 29, 1950</i>		
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5. SEX <i>Female</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Sept. 13, 1886</i>		9. AGE (In years last birthday) <i>63</i>		IF UNDER 1 YEAR Month <i>8</i> Days <i>16</i>		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <i>Eldridge Mo.</i>				12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>			

13a. FATHER'S NAME <i>John S. Wilson</i>			13b. MOTHER'S MAIDEN NAME <i>Martha Sturgess</i>			14. NAME OF HUSBAND OR WIFE <i>Charles L. Young</i>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (es. no. or unknown) <i>no</i>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Charles L. Young</i> ADDRESS <i>Lebanon Mo.</i>			
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Tumor Brain</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2 wks</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____ 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. _____						<i>223X</i>	

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) _____		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 *March 19 50*, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on *Mar 25, 1950*, and that death occurred at *8:30 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>J. H. Johnson</i> (Degree or title) <i>no</i>		23b. ADDRESS <i>Lebanon Mo</i>		23c. DATE SIGNED <i>6-1-50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial (1)</i>		24b. DATE <i>May 31, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Huff Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Laclede Co near Eldridge</i>	
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DATE REC'D BY LOCAL REG. <i>6-1-1950</i>		REGISTRAR'S SIGNATURE <i>Alella L. May</i> 424		25. FUNERAL DIRECTOR'S SIGNATURE <i>W. E. Holman</i> ADDRESS <i>Lebanon Mo.</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received JUN 3 1950  
Laclede County Health Unit  
File No. 6-50-92  
Date Filed JUN 3 1950

**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 Borsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.