

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17714

FILED JUN 2 1950

BIRTH NO. _____		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 189	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>3 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		0080	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>6 M N-E - Warsaw Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARVEY</u>		b. (Middle) <u>A</u>		c. (Last) <u>YOUNT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 11, 1907</u>	
9. AGE (In years last birthday) <u>42</u>		10. MONTH (Days) (Hours) (Min.) <u>5 7</u>		11. BIRTHPLACE (State or foreign country) <u>Benton County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		13a. FATHER'S NAME <u>SIAS YOUNT</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza FALET</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucille Yount</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucille Yount</u>	
18. ADDRESS <u>Warsaw</u>		19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>		21. E9281	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTRACRANIAL HEMMORRHAGE</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FRACTURES, SKULL, MULTIPLE</u>		DUE TO (c) <u>3</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		008	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>FARM</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>WARSAW BENTON MISSOURI</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>MAY 18 1950 AM</u>	
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>FROM HORSE</u>		22. I hereby certify that I attended the deceased from <u>MAY 18, 1950</u> , to <u>MAY 18, 1950</u> , that I last saw the deceased alive on <u>MAY 18, 1950</u> , and that death occurred at <u>1:00 P.M.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>D. R. Edwards M.D.</u>	
23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>May 18, 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 20, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>St. Pleasant</u>		24d. LOCATION (City, town, or county) (State) <u>Benton County, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Kew</u>		25b. ADDRESS <u>Warsaw</u>	
DATE REC'D BY LOCAL REG <u>5-19-1950</u>		REGISTRAR'S SIGNATURE <u>John F. Kew</u>		26. (Licensed Embalmer's Statement on Reverse Side)			

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

RECEIVED MAY 29
District Health Officer No. 8,

District File Number

Date Filed 5/31/50

*Basee Turner & Son
Warsaw, Ind.*

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 _____

Licensed Embalmer No. 4098

P. O. Address Warsaw, 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.