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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 2 1950

State File No. 17714

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. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> 0080	
c. LENGTH OF STAY (in this place) <u>3 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>6 M N-E - Warsaw Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bothwell Hosp</u>			

3. NAME OF DECEASED 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> if OVER 1 YEAR Months <u>5</u> Days <u>7</u> if UNDER 1 YEAR Hours _____ Min. _____		
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>		11. BIRTHPLACE (State or foreign country) <u>BENTON COUNTY, MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Silas Yount</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Fallet</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> ADDRESS <u>Warsaw</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTRACRANIAL HEMMORRHAGE</u>		ANTECEDENT CAUSES			4 hrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>FRACTURES, SKULL, MULTIPLE</u>			4 hrs	
DUE TO (c) _____					E9281	
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			3	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>008</u>	
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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"/> MUT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>APPARENTLY FELL FROM HORSE.</u>	

22. I hereby certify that I attended the deceased from MAY 18, 1950, to MAY 18, 1950, that I last saw the deceased alive on MAY 18, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. R. Edwards M.D.</u>		23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>May 18, 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 20, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant</u>	
24d. LOCATION (City, town, or county) (State) <u>Benton County, Mo</u>					

DATE REC'D BY LOCAL REG. <u>5-19-1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John G. Kesw</u> ADDRESS <u>Warsaw</u>	
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(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 Funeral Home
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 *John J. Reser*
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.