

FILED MAY 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19116

BIRTH NO.		REG. DIST. NO. 348	PRIMARY REG. DIST. NO. 6174	Registrar's No. 39
1. PLACE OF DEATH a. COUNTY Sullivan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Linn, Mo.		
b. CITY (If outside corporate limits, write RURAL and give town) Humphreys-Rural-Taylor	c. LENGTH OF STAY (in this place) 7 hrs.	c. CITY (If outside corporate limits, write RURAL and give township) Humphreys-Rural-Jackson TWP.		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 mi. So. Humphreys.		d. STREET ADDRESS (If rural, give location) 6 mi. East Laredo Mo		
3. NAME OF DECEASED (Type or Print)		a. (First) William	b. (Middle) Richard	c. (Last) Young
4. DATE OF DEATH		(Month) May	(Day) 13	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 5 - 1879	9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own Farm.	11. BIRTHPLACE (State or foreign country) Linn County Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Andrew Jackson Young		13b. MOTHER'S MAIDEN NAME Mellisa Jane Gose		14. NAME OF HUSBAND OR WIFE Anna Belle Young
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. John C. Keeling	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 11 1/2 hr
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)	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 5-13-1950, to 5-13-1950 that I last saw the deceased alive on 5-13-1950, and that death occurred at 3 P. M., from the causes and on the date stated above.				
23a. SIGNATURE H. C. Weston M.D. (Deputy or title)			23b. ADDRESS Halt, Mo	23c. DATE SIGNED 5-15-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/16/1950	24c. NAME OF CEMETERY OR CREMATORY Hareville Cemetery	24d. LOCATION (City, town, or county) (State) Hareville Mo.	
DATE REC'D BY LOCAL REG. May 19	REGISTRAR'S SIGNATURE Lute Caldwell	318	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Robertson Funeral Home Laredo Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

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RECEIVED MAY 22 1950
District Health Officer No. _____
District File Number 5-57-8
Date Filed _____

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 M. Robertson

Licensed Embalmer No. 4388

P. O. Address Laredo 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.