

STANDARD CERTIFICATE OF DEATH

State File No. **19268**

FILED JUN 21 1950

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **113**

1. PLACE OF DEATH a. COUNTY AUDRAIN				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN VIOLINO RURAL SALT RIVER		d. STREET ADDRESS (If rural, give location) RURAL 0040	
d. FULL NAME OF HOSPITAL OR INSTITUTION AUDRAIN COUNTY HOSPITAL							
3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) FREDRICK c. (Last) YOUNGBLOOD				4. DATE OF DEATH (Month) (Day) (Year) JUNE 10 1950			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 17 1895	
9. AGE (in years last birthday) 54		10. IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) MARTINSBURG MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY Gen'l Farm		11. BIRTHPLACE (State or foreign country) MARTINSBURG MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME H. F. YOUNGBLOOD		13b. MOTHER'S MAIDEN NAME MARY ARELS		14. NAME OF HUSBAND OR WIFE Mrs. Blanche Youngblood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. H. F. Youngblood		ADDRESS Moline, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac nephritis ANTECEDENT CAUSES Hypertension Morbidity 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. Strangulated hernia			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION Strangulated hernia			
20. AUTOPSY? YES ☐ NO ☒				INTERVAL BETWEEN ONSET AND DEATH 5615			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, school, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? None			
22. I hereby certify that I attended the deceased from May , 19 50 , to June 10 1950 , that I last saw the deceased alive on June 10 , 19 50 and that death occurred at 1:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Frank J. J... (Degree or title)				23b. ADDRESS 117 E. Monroe, Mexico, Mo.		23c. DATE SIGNED 6/12/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10-12-50		24c. NAME OF CEMETERY OR CREMATORY LADDON 10 Cemetery		24d. LOCATION (City, town, or county) (State) LADDON 10 MO	
DATE REC'D BY LOCAL REG. June 12-1950		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE Charles...		ADDRESS Mexico Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 3 1956

RECEIVED JUN 19 1950
District Health Officer No. 10
District File Number 6-50-1012
Date Filed JUN 19 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed..... Student Embalmer No.....
Charles V. Greening

Licensed Embalmer No. 4625

P. O. Address *Weping 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.