S. No. 300
v. 10.48

540

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1950

State File No. 20800

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 5638 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sniabar Twns.
c. LENGTH OF STAY (In this place): 4 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sniabar Twns 0540
d. STREET ADDRESS (If rural, give location): 6 Mi. South West of Odessa

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): --
c. (Last): Young

4. DATE OF DEATH (Month) (Day) (Year): July 4, 1950

5. SEX: M
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: Sept. 17, 1869
9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter
10b. KIND OF BUSINESS OR INDUSTRY: Paint Contractor
11. BIRTHPLACE (State or foreign country): England 4
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 521-18-1889
17. INFORMANT'S SIGNATURE OR NAME: R.H. Young
ADDRESS: Odessa, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: Approx 10 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): _____

DUE TO (c): Nephrosclerosis, chronic — INTERVAL BETWEEN ONSET AND DEATH: "

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 2nd, 1950, *to* July 4th, 1950, *that I last saw the deceased alive on* July 2d, 1950, *and that death occurred at* 7:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. T. Slaughter D.O.
23b. ADDRESS: Odessa, Mo
23c. DATE SIGNED: 7/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 6, 1950
24c. NAME OF CEMETERY OR CREMATORY: McKindrey Cemetery
24d. LOCATION (City, town, or county) (State): Lafayette Co. Mo.

DATE REC'D BY LOCAL REG.: July 6, 1950
REGISTRAR'S SIGNATURE: Emma Davidson (Deputy)
25. FUNERAL DIRECTOR'S SIGNATURE: Husman-Sparks
ADDRESS: Odessa, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-10-50
AUG 17
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-10-50

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.

Student Embalmer No. _____

Signed William T. Sparks

Signed _____
Student Embalmer

Licensed Embalmer No. #4431

P. O. Address Odessa, M

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.