

No. 300
10. 48

FILED JUL 13 1950
36272-50

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21299
State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 224

1. PLACE OF DEATH
a. COUNTY **ST. FRANCIS**
b. CITY OR TOWN **BONNE TERRE**
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION **BONNE TERRE HOSPITAL**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution)
a. STATE **MISSOURI** b. COUNTY **ST. FRANCIS**
c. CITY OR TOWN **RURAL PERRY TWP.**
d. STREET ADDRESS **R-1 BONNE TERRE**

3. NAME OF DECEASED
a. (First) **WINDLE** b. (Middle) **LOYD** c. (Last) **YOUNG**
4. DATE OF DEATH **JULY 1 1950**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **NEVER MARRIED** 8. DATE OF BIRTH **JUNE 30, 1950** 9. AGE (In years last birthday) **0** Months **0** Days **15**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** 10b. KIND OF BUSINESS OR INDUSTRY **NONE** 11. BIRTHPLACE (State or foreign country) **R. I. BONNE TERRE MO.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **OLLIE LOYD YOUNG** 13b. MOTHER'S MAIDEN NAME **MARY MORELAND** 14. NAME OF HUSBAND OR WIFE **NONE**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **NO** (If yes, give year or dates of service) **NONE** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT'S SIGNATURE OR NAME **OLLIE LOYD YOUNG** ADDRESS **R-1 BONNE TERRE**

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, asthma, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Intra Cranial Hemorrhage**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Birth Trauma**
DUE TO (c) **Normal Labor**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH **16 hrs**
None

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) (Minute) 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 **June 30, 1950** to **July 1, 1950**, that I last saw the deceased alive on **June 30, 1950**, and that death occurred at **5:15 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE **R. L. Evans** (Degree or title) **M.D.** 23b. ADDRESS **Bonne Terre Mo.** 23c. DATE SIGNED **7-1-1950**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIED** 24b. DATE **JULY 1, 1950** 24c. NAME OF CEMETERY OR CREMATORY **BONNE TERRE** 24d. LOCATION (City, town, or county) (State) **BONNE TERRE MO.**

DATE REC'D BY LOCAL REG. **July 4, 1950** REGISTRAR'S SIGNATURE **Ether Rudloff** 25. FUNERAL DIRECTOR'S SIGNATURE **Benjamin Wells** ADDRESS **Bonne Terre Mo.**

(Licensed Embalmers' Statement on Reverse Side)

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

941
0

~~9-2-43~~
District File Number
District Health Officer No. 9,
RECEIVED
JUN 10 1950

STATEMENT BY LICENSED EMBALMER

No Embalming

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.