

FILED AUG 14 1950

STANDARD CERTIFICATE OF DEATH

23037

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Spgs</u> c. LENGTH OF STAY (in this place) <u>15 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Spgs</u> <u>1201</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>East Entry</u>	

3. NAME OF DECEASED (Type or Print) <u>FRANK</u>		a. (First) <u>FRANK</u> b. (Middle) <u>YOUNG</u> c. (Last) <u>YOUNG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 30 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>Sept 7 1869</u>	9. AGE (In years last birthday) <u>80</u>	10. MONTHS <u>0</u> YEARS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MIN. <u>0</u>
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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>EDD YOUNG</u>		13b. MOTHER'S MAIDEN NAME <u>MARY VOEBEE</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE YOUNG</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Minnie Young El Dorado Spgs</u>	
				ADDRESS <u>El Dorado Spgs</u>	

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) <u>Pulmonary congestion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>chronic myocarditis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4222</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr +</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) (Min.)		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 July 28, 1950, to July 30, 1950, that I last saw the deceased alive on July 30, 1950, and that death occurred at 3:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. L. Sunderwirth</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>El Dorado Spgs, Mo</u>		23c. DATE SIGNED <u>8-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug 1 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs Mo</u>		
DATE REC'D BY LOCAL REG. <u>8/14/50</u>		REGISTRAR'S SIGNATURE <u>George H. Hager</u> <u>418</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hager & Son</u> ADDRESS <u>Home El Dorado Spgs</u>	

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 8 1950

Dist. File: 850-952

Date Filed 8-8-50

AUG 26 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.

Student Embalmer No.

Signed.....

Student Embalmer

Signed

George W. Massey

Licensed Embalmer No. 2752

P. O. Address

El Dorado Springs

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.