

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

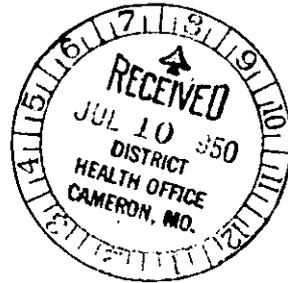
FILED JUN 25 1950

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3046 Registrar's No. 126

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|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Livingston</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u> | |
| c. LENGTH OF STAY (in this place) <u>17 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>403 Vine</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>403 Vine</u> | | d. STREET ADDRESS (If rural, give location) <u>403 Vine</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u> b. (Middle) <u>-</u> c. (Last) <u>Young</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 4 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>10-11-1878</u> |
| 9. AGE (in years last birthday) <u>71</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 11. BIRTHPLACE (State or foreign country) <u>Sullivan County</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 | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>R. B. Young</u> | | 13b. MOTHER'S MAIDEN NAME <u>Annie B. Busby</u> | 14. NAME OF HUSBAND OR WIFE <u>Lillie Wilson</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>-</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Charlie Young; Chillicothe Mo</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>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>-</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>-</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 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) | | 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"/> | |
| 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? | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>Dec 30 1946</u> to <u>July 4 1950</u> , that I last saw the deceased alive on <u>June 30 1950</u> , and that death occurred at <u>11:00 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>R. Callier M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Chillicothe Mo</u> | |
| 23a. SIGNATURE <u>R. Callier M.D.</u> (Degree or title) | | 23b. ADDRESS <u>Chillicothe Mo</u> | |
| 23c. DATE SIGNED <u>July 5 50</u> | | 23c. DATE SIGNED <u>July 5 50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-6-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-6-50</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wheeling, Mo.</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Wheeling</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wheeling, Mo.</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>July 5 50</u> | | REGISTRAR'S SIGNATURE <u>Frances B. Neill</u> | |
| DATE REC'D BY LOCAL REG. <u>July 5 50</u> | | REGISTRAR'S SIGNATURE <u>Frances B. Neill</u> | |

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

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77 25 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 Elton Norman

Signed.....
Student Embalmer

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.