

FILED OCT 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 34266

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 211

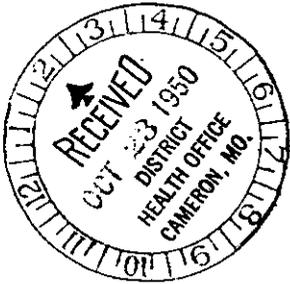
1. PLACE OF DEATH a. COUNTY <u>Madamey</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> COUNTY <u>Stonewall</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Manyville</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL (If not in hospital or institution, give street address or location) <u>St Francis</u>		d. STREET ADDRESS (If rural, give location) <u>S. Maple</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>W.M.</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>YOUNT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 12 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Single</u>	8. DATE OF BIRTH <u>May 18/1875</u>
9. AGE (In years last birthday) <u>75</u>		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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Country Co MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Geo W. Yount</u>	
13b. MOTHER'S MAIDEN NAME <u>Saranne Gordon</u>		14. NAME OF HUSBAND OR WIFE <u>Single</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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Edgar Yount</u>		ADDRESS <u>Stonewall 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> DUE TO (c) <u>Cardio-vascular - renal disease</u>  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 <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>3 mos.</u> <u>2 yrs.</u> <u>442X</u>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct. 7</u> , 19 <u>50</u> , to <u>Oct. 12</u> , 19 <u>50</u> ; that I last saw the deceased alive on <u>Oct. 12</u> , 19 <u>50</u> , and that death occurred at <u>10 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul J. Kadell</u>		23b. ADDRESS (City, town, or county) (State) <u>Conception, Mo.</u>	
23c. DATE SIGNED <u>10/13/50</u>			
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (City, town, or county)	24b. DATE <u>10/14/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Stonewall County MO</u>
DATE REC'D BY LOCAL REG. <u>10-21-50</u>	REGISTRAR'S SIGNATURE <u>Bess Holt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Laloy &amp; Phillips Stonewall</u>	

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

37 42 0

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OCT 23 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, ~~\_\_\_\_\_~~

~~Student Embalmer No.~~

~~working under my personal supervision.~~

Signed

*Leroy H. Phillips*

Signed.....  
Student Embalmer

Licensed Embalmer No. 1898

P. O. Address Starkley, 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.