

FILED OCT 25 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34443

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 249

1. PLACE OF DEATH a. COUNTY <u>RANDOLPH</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MOBERLY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - JACKSON TWP.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOODLAND HOSP.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #3, PARIS, Mo.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ESSIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>YOUNG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 15 1950.</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB 14, 1886</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HORSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months <u>8</u> IF UNDER 4 HRS. Days <u>1</u> Hours <u></u> Min. <u></u>
11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS SHRADER</u>		13b. MOTHER'S MAIDEN NAME <u>ELNORA WILLS</u>	
14. NAME OF HUSBAND OR WIFE <u>FRANK YOUNG</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>FRANK YOUNG</u>		ADDRESS <u>PARIS, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Coronary Thrombosis</u>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 months</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES		DUE TO (b) <u>Gen. arteriosclerosis</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Diabetes Mellitus</u>	
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 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)			
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>1946</u> to <u>Oct 15, 1950</u> , that I last saw the deceased alive on <u>Oct 14, 1950</u> , and that death occurred at <u>8:50 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Willie Young, Sr. M.D.</u>		23b. ADDRESS <u>MOBERLY, Mo.</u>	
23c. DATE SIGNED <u>Oct 15 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Oct 18-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>PARIS, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 17-50</u>		REGISTRAR'S SIGNATURE <u>Lois Williams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>		ADDRESS <u>PARIS, Mo.</u>	

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

Date Received: OCT 23 1950
DISTRICT HEALTH OFFICE #2
District File Number 18-50-172
Date Filed: OCT 24 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *E. H. Stewart* _____

Licensed Embalmer No. 4000 _____

P. O. Address PARIS, 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.