

You **FILED DEC 2 1950** **STANDARD CERTIFICATE OF DEATH**37401
State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5574</u>		Registrar's No. <u>203</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-VanBuren		c. LENGTH OF STAY (in this place) 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Smithton		0800	
d. FULL NAME OF HOSPITAL OR INSTITUTION 50 HiWay & Tarsney Rd.				d. STREET ADDRESS (If rural, give location) -----			
3. NAME OF DECEASED (Type or Print) a. (First) Lloyd		b. (Middle) William		c. (Last) Young		4. DATE OF DEATH (Month) (Day) (Year) Nov. 13, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH April 31, 1931		9. AGE (In years last birthday) 19 IF UNDER 1 YEAR: Days 4 IF UNDER 1 MIN. Hours 4	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (State or foreign country) Morgan County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Paul Young		13b. MOTHER'S MAIDEN NAME Minnie Munaterman		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-34-9009		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Young, Smithton, Mo.			
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) Fracture Both Legs Below Knees ANTECEDENT CAUSES Fracture Right Humerus Bleeding from Mouth & nose DUE TO 68105 2m II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION History & Inspection				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Highway 50 Jackson MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-13-50 6 32 A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto Accident on Hwy			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Ralph H. Owens				23b. ADDRESS 1034 Oak St Bldg		23c. DATE SIGNED 11-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 16, 1950		24c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery		24d. LOCATION (city, town, or county) (State) Smithton, Missouri	
DATE REC'D BY LOCAL REG. 11/18/50		REGISTRAR'S SIGNATURE Ronald C. Emswiler		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A.F. Newmyer, Fun. H. Smithton, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 2 1950

MAR 7 1951

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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3833

P. O. Address Lee's Summit, 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.