

FILED DEC 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41389

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 105

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lewistown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED a. (First) <u>Enoch</u> b. (Middle) <u>Allen</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 5. 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>July. 14. 1885</u>
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>21</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Collector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Collected Accounts</u>	11. BIRTHPLACE (State or foreign country) <u>Clark County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Taylor S. Young</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Catherine Justic</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>480-01-3240</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Newberry</u> ADDRESS <u>Lewistown Mo</u>
18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular-renal disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</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)	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. 3, 1950</u> , to <u>Dec. 5, 1950</u> , that I last saw the deceased alive on <u>Dec. 5, 1950</u> , and that death occurred at <u>3:30P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Harry L. M. Bradley D.O.</u>		23b. ADDRESS <u>La Belle, Missouri</u>	23c. DATE SIGNED <u>12/7/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 7, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Midway Cem. Lewis Co</u>	24d. LOCATION (City, town, or county) (State) <u>Lewistown Missouri</u>
DATE REC'D BY LOCAL REG. <u>12/9/50</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	FUNERAL DIRECTOR'S SIGNATURE <u>James Bladen</u> ADDRESS <u>Lewistown Mo.</u>	

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

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Date Received: DEC 18 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 12-50-21  
Date Filed: DEC 19 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 James A. Coder  
Licensed Embalmer No. 2537

P. O. Address Liveston 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.