

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

43311

State File No.
 Registrar's No. 100

BIRTH NO. REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 6131

1010
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1. PLACE OF DEATH a. COUNTY: Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Shannon, Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montier Mo., Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Montier Missouri	
c. LENGTH OF STAY (In this place): 53 Yrs		d. STREET ADDRESS (If rural, give location): Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION: None			

3. NAME OF DECEASED (Type or Print) a. (First): Jessie b. (Middle): M c. (Last): Youngs			4. DATE OF DEATH (Month) (Day) (Year): Dec 11 1950	
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5. SEX: M 6. COLOR OR RACE: W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed		8. DATE OF BIRTH: March 25 1869		9. AGE (In years last birthday): 81		10. UNDER 1 YEAR: 8 Days		11. UNDER 1 HR.: 16 Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife			10b. KIND OF BUSINESS OR INDUSTRY: None			11. BIRTHPLACE (State or foreign country): London England			12. CITIZEN OF WHAT COUNTRY?: USA		
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13a. FATHER'S NAME: Robert B Boram			13b. MOTHER'S MAIDEN NAME: Not Known			14. NAME OF HUSBAND OR WIFE: Simeon Youngs		
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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.:		17. INFORMANT'S SIGNATURE OR NAME ADDRESS: John Boram Montier Mo			
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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): Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH: 33IX	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b): rise to the above cause (a) stating the underlying cause last. 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 type="checkbox"/>	
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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):			
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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?:			
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22. I hereby certify that I attended the deceased from **Dec 8, 1950**, to **Dec 11, 1950**, that I last saw the deceased alive on **Dec 11, 1950**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Stanley Boram D.O.			23b. ADDRESS: Mountain View			23c. DATE SIGNED: 12-14-50		
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24a. BURIAL, CREMATION, REMOVAL (Specify): Burial		24b. DATE: Dec 14 1950		24c. NAME OF CEMETERY OR CREMATORY: Montier Cem,		24d. LOCATION (City, town, or county) (State): Montier Mo			
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DATE REC'D BY LOCAL REG. 12-18-50		REGISTRAR'S SIGNATURE: Walter R...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Duncan Funeral Home Mtn View, MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 19 1950

DISTRICT HEALTH OFFICE No. 6

File No:

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

John J. Sullivan
.....
Licensed Embalmer No. *2516*.....

P. O. Address *New York*.....

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.