

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 533

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5245 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Keytesville, Twp.</u> )		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Keytesville, Twp.</u>	
c. LENGTH OF STAY (In this place) <u>26</u> years		0 210	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 Miles N.E. of Keytesville</u>		d. STREET ADDRESS (If rural, give location) <u>3 Miles N.E. of Keytesville</u>	
3. NAME OF DECEASED a. (First) <u>George</u> b. (Middle) <u>Fredrick</u> c. (Last) <u>Yung</u>			4. DATE OF DEATH (Month) <u>Jan.</u> (Day) <u>12</u> (Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 2nd, 1898</u>
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>10</u> Mins.
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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Salisbury, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Fred Yung</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Herring</u>	14. NAME OF HUSBAND OR WIFE <u>Opal Yung</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>496-10-6941</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Opal Yung Keytesville, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Angina pectoris (Angina)</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> 4202	
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) (Min.)	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>Apr 1944</u> , to <u>Jan 12, 1951</u> , that I last saw the deceased alive on <u>Jan 11, 1951</u> , and that death occurred at <u>3:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl C. Keger M.D.</u>		23b. ADDRESS <u>Keytesville, Mo.</u>	23c. DATE SIGNED <u>1/14/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 14, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Salisbury, Mo.</u>
DATE REC'D BY REG. LOCAL <u>1-15-1951</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Keytesville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Date Received: JAN 23 1951  
DISTRICT HEALTH OFFICE  
District File Number /-5  
Date Filed: FEB 5 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.

Student Embalmer No. ....

Signed

*H. D. Barnett*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3046*

P. O. Address *Keytesville, 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.