

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3496

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>328</u>		PRIMARY REG. DIST. NO. <u>3073</u>		Registrar's No. <u>5</u>		
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee</u>		c. LENGTH OF STAY (in this place) <u>43 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee</u>		OR TOWN <u>1001</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSIE</u> b. (Middle) <u>MARIE</u> c. (Last) <u>YOUNT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 19, 1951</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>MAY 14, 1897</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 1 HR.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ALTON, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>D. M. SCOTT</u>			13b. MOTHER'S MAIDEN NAME <u>DON'T KNOW</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN FRANK YOUNT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Grace Angel Chaffee 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>GENERAL ASCITES - CARDIAC DECOMPENSATION</u> (a) <u>CHRONIC MYOCARDITIS</u>  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) _____					INTERVAL BETWEEN ONSET AND DEATH <u>3 Mo.</u>	
		II. OTHER SIGNIFICANT CONDITIONS <u>OVERWEIGHT</u>					<u>4200</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		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.) <u>✓</u>		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 2, 1950</u> , to <u>Jan 19, 1951</u> , that I last saw the deceased alive on <u>Jan 19, 1951</u> , and that death occurred at <u>5:00</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Dress or title) <u>Mrs Grace Angel</u>				23b. ADDRESS <u>Chaffee Mo</u>		23c. DATE SIGNED <u>1-22-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-22-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION PARK</u>		24d. LOCATION (City, town, or county) (State) <u>CHAFFEE MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>Jan - 22 - 51</u>		REGISTRAR'S SIGNATURE <u>Mrs Paul Brasington</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Brasington</u>		ADDRESS <u>Jefferson, Mo</u>		

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

RECEIVED JAN 23 195  
SCOTT COUNTY HEALTH CEN  
CO. FILE NO. 151-3

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 \_\_\_\_\_

Raymond Wilson

Student Embalmer No. 416

working under my personal supervision.

Student

Raymond Wilson  
Student Embalmer

Signed

Alvin C. Amick

Licensed Embalmer No.

4470

P. O. Address

Illness, 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.