

FILED MAR 15 1951 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 5430

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4339 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give town) PARIS		c. CITY (If outside corporate limits, write RURAL and give township) PARIS	
c. LENGTH OF STAY (in this place) 21 YRS.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION E. CALDWELL			

3. NAME OF DECEASED (Type or Print) a. (First) NETTIE b. (Middle) ELMA c. (Last) YOUNG			4. DATE OF DEATH (Month) (Day) (Year) MAR. 5TH 1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	
8. DATE OF BIRTH SEPT. 6, 1871		9. AGE (In years last birthday) 79		10. IF UNDER 1 YEAR Days 5	
11. IF UNDER 24 HRS. Hours 29		12. IF UNDER 1 MIN. Min. —		11. BIRTHPLACE (State or foreign country) OHIO	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME JAS. T. BARKLOO		13b. MOTHER'S MAIDEN NAME ELLA PYLE		14. NAME OF HUSBAND OR WIFE ALONZO YOUNG	
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 MRS. BRYANT ROBERTS, PARIS, MO.	
17. ADDRESS PARIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		MEDICAL CERTIFICATION Coronary Thrombosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 9/15	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		42a)	

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)		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 **MAR 5, 1951**, to **MAR 5, 1951**, that I last saw the deceased alive on **MAR 5, 1951**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Geo M. Bennett		(Degree or title) M.D.		23b. ADDRESS PARIS, MO	
23c. DATE SIGNED 3-5-51		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MARCH 7 1951	
24c. NAME OF CEMETERY OR CREMATORY OAK GROVE		24d. LOCATION (City, town, or county) (State) MONROE CO., MO.			
DATE REC'D BY LOCAL REG. 3-6-51		REGISTRAR'S SIGNATURE J. A. Barnett M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey	
				ADDRESS PARIS, MO.	

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

0690

Date Received: MAR 1 2
DISTRICT HEALTH OFFICE
District File Number 3-5
Date Filed: MAR 1 3 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.....
Student Embalmer

Signed.....
E. H. Agnew

Licensed Embalmer No. 4000

P. O. Address..... Paris, Missouri

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.