

FILED FEB 21 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7222

1010

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 335 PRIMARY REG. DIST. NO. 6136 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <b>Shannon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Sham</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Summersville, -0</b>		c. LENGTH OF STAY (In this place) <b>2 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>None Spring Valley Hosp</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Summersville, MO</b>	
		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Jeanette</b> b. (Middle) <b>Anna</b> c. (Last) <b>Younger</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 27 1951</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 12 1888</b>
9. AGE (In years last birthday) <b>62</b>		10. MONTHS <b></b>	11. DAYS <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Shannon Co Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Acq Brewer</b>	
13b. MOTHER'S MAIDEN NAME <b>Not Known</b>		14. NAME OF HUSBAND OR WIFE <b>William H Younger</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>William H Younger</b>		ADDRESS <b>Summersville mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC FAILURE</b>			INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>EXPOSURE TO FREEZING WEATHER</b>			<b>SIX HOURS</b>
DUE TO (c)			<b>39325</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>46</b>
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) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>ROAD</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>SUMMERSVILLE SHANNON MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>JAN 27 51 200 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>DEAD FROM EXPOSURE</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>2:00 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <b>Dr. J. P. Edwards County Coroner</b>		23b. ADDRESS <b>Eminence, Mo.</b>	
23c. DATE SIGNED <b>2-9-51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb 5 1951</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Summersville, MO</b>		24d. LOCATION (City, town, or county) (State) <b>Summersville, MO</b>	
DATE REC'D BY LOCAL REG. <b>2-17-51</b>		REGISTRAR'S SIGNATURE <b>Mabel Green</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Duncan Funeral Home</b>		ADDRESS <b>Home Mtn View, Mo</b>	

RECEIVED

FEB 20 1951

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 \_\_\_\_\_

working under my personal supervision \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

*Not Embalmed*

Signed *Joe P. Duncan*

Licensed Embalmer No. *4325*

P. O. Address *Ymt View 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.