

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7256
Registrar's No. 8

FILED MAR 12 1951

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6157

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Pine Tree</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1040 Rural - Pine Tree</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Blue Eye, Missouri</u>		d. STREET ADDRESS (If rural, give location) <u>Near Blue Eye, Missouri</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN FRANKLIN</u> b. (Middle) <u>Youngblood</u> c. (Last) <u>Youngblood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1951</u>
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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>May 31, 1893</u>	9. AGE (In years last birthday) <u>57</u> Months <u>8</u> Days <u>26</u>	IF UNDER 1 YEAR IF UNDER 4 HRS. Hours Min.
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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>Carroll County, Arkansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W. C. Youngblood</u>	13b. MOTHER'S MAIDEN NAME <u>Sara Wheeler</u>	14. NAME OF HUSBAND OR WIFE <u>Arlena Youngblood</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, state war or dates of service)	16. SOCIAL SECURITY NO. <u>Yes?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Arlena Youngblood (Wife)</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>151 X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 19, 1950, that I last saw the deceased alive on Feb 26 1951, 1951 and that death occurred at Feb 26 1951 from the causes and on the date stated above.

23a. SIGNATURE <u>D. E. N. Donaldson</u> (Degree or title)	23b. ADDRESS <u>Queen Court, Arkansas</u>	23c. DATE SIGNED <u>2/29/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/1/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Blue Eye Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Blue Eye, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Mar 1 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs J. B. Brock</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. L. Nelson - Berryville, Ark.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48

1040

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 8 1951

Dist. File 351-308

Date Filed 3-8-51

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

Lloyd R. Wimsatt

Licensed Embalmer No. 3857 Miss

P. O. Address Berryville, Ark

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.