

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7495

State File No.

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4043</u>		Registrar's No. <u>213</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARBLE HILL</u>		c. LENGTH OF STAY (in this place) <u>1 wk.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARBLE HILL - Lawrence</u>			
d. FULL NAME OF (If not in hospital or institution: give street address or location) HOSPITAL OR INSTITUTION <u>ELM HEIGHTS HOME</u>				d. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>MARY</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>YOUNT</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>18</u>		(Year) <u>51</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>5-5-1860</u>		9. AGE (In years last birthday) <u>90</u> If under 1 year: Months <u>10</u> Days <u>13</u> If under 1 mo. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOPE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>MARGUARD, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>MICHAEL MOYERS</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH CHEEK</u>		14. NAME OF HUSBAND OR WIFE <u>WILLIAM B. YOUNT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. B. YOUNT MARBLE HILL, 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>Broncho Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Interstitial Nephritis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>592X</u>				20. AUTOPSY? YES ☐ NO ☒	
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 NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3/10/51</u> to <u>3/18/51</u> , that I last saw the deceased alive on <u>3/18/51</u> , 19 <u>51</u> , and that death occurred at <u>1:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. D. Samper M.D.</u>		(Degree or title)		23b. ADDRESS <u>Dieterichs, Mo</u>		23c. DATE SIGNED <u>3/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CAPE GIRARDEAU MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>CAPE GIRARDEAU Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 29, 1951</u>		REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BAKER FUNERAL HOME LUTESVILLE, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Samper

RECEIVED

APR 4 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 _____

Student Embalmer No.

working under my personal supervision.

Signed

J. E. Graham

Signed

Student Embalmer

Licensed Embalmer No. *4010*

P. O. Address *Luttrell, 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.