

FILED MAY 24 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15580

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5109		Registrar's No. _____	
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>RURAL CROOKED CREEK Twp.</u>		c. LENGTH OF STAY (in this place) <u>6 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CROOKED CREEK Twp.</u>		d. STREET ADDRESS (If rural, give location) <u>MARQUAND, Mo. 0670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR MARQUAND</u>							
3. NAME OF DECEASED (Type or Print) <u>MARTHA ELIZABETH</u>		a. (First) <u>MARTHA</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>YOUNT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-23-51</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>7-7-1864</u>	9. AGE (In years last birthday) <u>86</u>	10. UNDER 1 YEAR Months <u>9</u> Days <u>16</u>	11. UNDER 1 YEAR Hours <u></u> Min. <u></u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HWF.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES STONE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY DEVENPORT</u>		14. NAME OF HUSBAND OR WIFE <u>L.P. 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 <u>L.P. YOUNT</u>		ADDRESS <u>MARQUAND, 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>Pneumonia</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Smoking</u> DUE TO (c) <u></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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		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>Jan 14, 1937</u> , to <u>April 23rd, 1951</u> , that I last saw the deceased alive on <u>April 21, 1951</u> , and that death occurred at <u>5:00 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edw. Critchfield M.D.</u>		23b. ADDRESS <u>Sedgewickville Mo.</u>		23c. DATE SIGNED <u>4/30/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-24-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT VALLEY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 18/1951</u>		REGISTRAR'S SIGNATURE <u>William VanDusen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u>		ADDRESS <u>WUTESVILLE, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 23 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.

Student
Student Embalmer

Signed

J. E. Graham

Licensed Embalmer No. *4010*

P. O. Address *Lutesville, 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.