

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26136**

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5109		Registrar's No. 63	
1. PLACE OF DEATH a. COUNTY Bollinger 0090				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bollinger			
b. CITY OR TOWN Rural Crooked Creek		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) 0090 OR TOWN Rural Crooked Creek		d. STREET ADDRESS (If rural, give location) near pattern, mo. 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION _____		3. NAME OF DECEASED a. (First) KAREN b. (Middle) MARIE c. (Last) YOUNT		4. DATE OF DEATH (Month) (Day) (Year) Aug. 25 1951			
5. SEX F / W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0		8. DATE OF BIRTH SEPT. 9 1949	
9. AGE (In years last birthday) 1 11 15		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ✓		10b. KIND OF BUSINESS OR INDUSTRY ✓		11. BIRTHPLACE (State or foreign country) Missouri 0	
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME ROBERT W. YOUNT		13b. MOTHER'S MAIDEN NAME THELMA M. LUCAS		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME R.W. Yount		ADDRESS Marquand, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobes pneumonia ANTECEDENT CAUSES Due to (b) Possible Typhoid type 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.				INTERVAL BETWEEN ONSET AND DEATH _____	
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) 490 X			
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 Aug 24 , 1951, to Aug 25 , 1951, that I last saw the deceased alive on Aug 24 , 1951, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J. H. Myers (Degree or title) _____				23b. ADDRESS Lutesville Mo.		23c. DATE SIGNED 8/28/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 27, 1951		24c. NAME OF CEMETERY OR CREMATORY Pleasant Valley		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. Aug. 28-51		REGISTRAR'S SIGNATURE Willie VanCumber		25. FUNERAL DIRECTOR'S SIGNATURE BAKER FUNERAL HOME		ADDRESS LUTESVILLE, MO.	

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

K.W. Myers

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

SEP 5 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 Autoville, Va

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.