

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32241**

FILED SEP 15 1951
BIRTH NO. _____ REG. DIST. NO. **319** PRIMARY REG. DIST. NO. **6079** Registrar's No. **58**

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

1. PLACE OF DEATH a. COUNTY Ste. Genevieve		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ste. Genevieve	
b. CITY (If outside corporate limits, write RURAL and give township) Royal STE. GENEVIEVE		c. CITY (If outside corporate limits, write RURAL and give township) Royal STE. GENEVIEVE	
c. LENGTH OF STAY (In this place) 34 YRS		d. STREET ADDRESS (If rural, give location) 3 Miles North Hwy # 25	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3 Miles North Hwy # 25			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle)	c. (Last) YOUNG	4. DATE OF DEATH (Month) (Day) (Year) Sept. 2 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec. 28, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER (RET)	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (State or foreign country) Jackson, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Arch Young	13b. MOTHER'S MAIDEN NAME Julia Hampton	14. NAME OF HUSBAND OR WIFE RUE ELVIA YOUNG
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Walter Young	ADDRESS Alton, Illinois
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation		INTERVAL BETWEEN ONSET AND DEATH 3 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Vascular-Renal Disease		
	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 442X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **July 2, 1950**, to **Sept. 2, 1951**, that I last saw the deceased alive on **Sept. 2, 1951**, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Arthur E. ... M.D.	23b. ADDRESS Ste. Genevieve Mo	23c. DATE SIGNED Sept. 3 1951
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 4 1951	24c. NAME OF CEMETERY OR CREMATORY Russell Heights Cemetery	24d. LOCATION (City, town, or county) (State) Jackson, Missouri
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DATE REC'D BY LOCAL REG. 9-6-51	REGISTRAR'S SIGNATURE Nereen M. ...	25. FUNERAL DIRECTOR'S SIGNATURE Ford Young	ADDRESS FORD-YOUNG FUNERAL HOME, Inc. CAPE GIRARDEAU, MISSOURI
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File No. _____
DISTRICT HEALTH OFFICE - No. 4

SEP 6 - 1951

RECEIVED

SEP 20 1951

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.

Signed.....
Student Embalmer

Signed

Larry J. ...

Licensed Embalmer No. 4136

P. O. Address Case ...

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.