

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **42409**

FILED JAN 3-1952

BIRTH NO. _____ REG. DIST. NO. **248** PRIMARY REG. DIST. NO. **4369** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seneca		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Seneca	
c. LENGTH OF STAY (In this place) 2.6 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Powell b. (Middle) _____ c. (Last) Youngblood		4. DATE OF DEATH (Month) (Day) (Year) Dec. 24, 1951	
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) wid	8. DATE OF BIRTH April 18, 1856
9. AGE (In years last birthday) 95		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minster		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Missouri
			12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James W. Youngblood		13b. MOTHER'S MAIDEN NAME Elizabeth Sharpe		14. NAME OF HUSBAND OR WIFE Sarah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lula Staudler, Seneca, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	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 4 2 2		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Dec. 10, 1951**, to **Dec 24, 1951**, that I last saw the deceased alive on **Dec 20, 1951**, and that death occurred at **5:22 a.m.** from the causes and on the date stated above.

23a. SIGNATURE John B. Roberts (Degree or title) DO.		23b. ADDRESS Seneca Mo.		23c. DATE SIGNED 12/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-27-51		24c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery	
24d. LOCATION (City, town, or county) (State) Seneca, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W E Bell Seneca Mo			
DATE REC'D BY LOCAL REG. 12-26-51		REGISTRAR'S SIGNATURE Phyllis Britz		417	

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

S. No. 300
V. 10.48

1730

RECEIVED

District Health Officer No. 12104 LEWIS COUNTY HEALTH UNIT

District File Number 1257-394

Filed 12-31-51

MISSOURI
NEOSHO, MISSOURI
DEPT. OF HEALTH
DIVISION OF VITAL RECORDS
ST. LOUIS, MISSOURI

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 W. E. Edlcome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.