

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43907

FILED JAN 5 1952

BIRTH NO. _____		REG. DIST. NO. 374		PRIMARY REG. DIST. NO. 6294		Registrar's No. 35	
1. PLACE OF DEATH a. COUNTY Worth				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Worth			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Green		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Green		130 62940	
d. FULL NAME OF HOSPITAL OR INSTITUTION Parnell, Missouri				d. STREET ADDRESS (If rural, give location) Parnell, Mo.			
3. NAME OF DECEASED (Type or Print) Lloyd		a. (First) Levi		c. (Last) Young		4. DATE OF DEATH (Month) (Day) (Year) 12 23 1951	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 11-30-1877	
9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm		10b. KIND OF BUSINESS OR INDUSTRY Farm		13a. FATHER'S NAME John M. Young		13b. MOTHER'S MAIDEN NAME Mary Tucker	
14. NAME OF HUSBAND OR WIFE Kate Young		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. 518-09-1166		17. INFORMANT'S SIGNATURE OR NAME Lewis Young	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Angina pectoris 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 4202				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) m.		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 Jan 14, 1951 , to Dec 23, 1951 , that I last saw the deceased alive on Dec 21, 1951 , and that death occurred at 2 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE R. J. Gordon D.O.				23b. ADDRESS Marionville Mo		23c. DATE SIGNED 12-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-26-1951		24c. NAME OF CEMETERY OR CREMATORY Parnell Cemetery		24d. LOCATION (City, town, or county) (State) Parnell, Missouri	
DATE REC'D BY LOCAL REG. Dec. 30 - 1951		REGISTRAR'S SIGNATURE Leta C. Dawson		25. FUNERAL DIRECTOR'S SIGNATURE (Address) Arch C. Dingle, Saint City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

8710075

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.....

Arch C. Dunfee

Licensed Embalmer No. *3252*

P. O. Address *Grant City, 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.