

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 409

BIRTH NO. <u>577-52</u>		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>231</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived; If institution, residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Butler</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>			0124 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>418 Valley St.</u>				d. STREET ADDRESS (If rural, give location) <u>418 Valley St.</u>				
3. NAME OF DECEASED (Type or Print) <u>Derisa</u>		a. (First)		b. (Middle) <u>Kay</u>		c. (Last) <u>Young</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>1 7 52</u>		5. SEX <u>3</u> <u>female</u>		6. COLOR OR RACE <u>C</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		
8. DATE OF BIRTH <u>1-7-52</u>		9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>Robert C. Young</u>		13b. MOTHER'S MAIDEN NAME <u>Doris White</u>		14. NAME OF HUSBAND OR WIFE <u>X</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ella Brown Poplar Bluff, 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>Asphyxia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac Failure</u> DUE TO (c) <u>Premature</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 <u>4 hrs.</u>	
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) <u>Poplar Bluff Butler Mo.</u>		21f. HOW DID INJURY OCCUR		
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"/>						
22. I hereby certify that I attended the deceased from <u>1-7</u> , 1952, to <u>1-7</u> , 1952, that I last saw the deceased alive on <u>1-7</u> , 1952, and that death occurred at <u>10 A m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dr. J. Priest D.O.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>1-7-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 7-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Jan. 7-1952</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Elizabeth H. Higgs</u>		ADDRESS <u>Poplar Bluff</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED

JAN 28 1952

BUTLER CO. HEALTH CENTER

FILE No. 152-59

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..... *Not embalmed*

Licensed Embalmer No.....

P. O. Address.....

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.