

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9542

State File No.

FILED APR 11 1952

Registrar's No. 270

BIRTH NO. ... REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission). a. STATE Mo. b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan	c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Doniphan,	0910
d. FULL NAME OF HOSPITAL OR INSTITUTION Community Hospital		d. STREET ADDRESS (If rural, give location) 507 First St.	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Franklin c. (Last) Young			4. DATE OF DEATH (Month) (Day) (Year) 3-19-1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 11-15-1873		9. AGE (In years last birthday) 78 IF UNDER 1 YEAR: Months 4 Days 6 IF UNDER 24 HRS: Hours 6 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) County Official		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Van B. Young	13b. MOTHER'S MAIDEN NAME Sarah Little	14. NAME OF HUSBAND OR WIFE Mayme Young
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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 Mayme Young		ADDRESS Doniphan, Mo.
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary failure			INTERVAL BETWEEN ONSET AND DEATH 2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal obstruction			3 days
	DUE TO (c) Portal cirrhosis			3 years
	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 5810		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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
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22. I hereby certify that I attended the deceased from January, 1952, to March 19, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at 3:05 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank Johnson M.D.	23b. ADDRESS Doniphan Mo.	23c. DATE SIGNED 3/19/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-20-1952	24c. NAME OF CEMETERY OR CREMATORY Wilson Cemetery	24d. LOCATION (City, town, or county) (State) Ripley County Mo.
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DATE REC'D BY LOCAL REG. 3-19-52	REGISTRAR'S SIGNATURE E. Johnston	25. FUNERAL DIRECTOR'S SIGNATURE Black-Edwards Funeral Home	ADDRESS Doniphan Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

710

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 *George P. Kerby*

Licensed Embalmer No. *4752*

P. O. Address *Dorchester, m*

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.