S. No. 300
Rev. 10.48

FILED MAY 5 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12683

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 431

#m 1396 3

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

1. PLACE OF DEATH
a. COUNTY: Greene County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Springfield Baptist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ozark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornfield, Missouri 0770
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print)
a. (First): Watson
b. (Middle): Marion
c. (Last): Young

4. DATE OF DEATH (Month) (Day) (Year): 4-29-52

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /
8. DATE OF BIRTH: 10-5-27
9. AGE (In years last birthday): 24 — 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): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Sawmill
11. BIRTHPLACE (City and State or Foreign Country): Diggins, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Watson Young
13b. MOTHER'S MAIDEN NAME: Rosamond Vandell
14. NAME OF HUSBAND OR WIFE: Martha Lee Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.: 497-22-5981
17. INFORMANT'S SIGNATURE OR NAME: [signature] — ADDRESS:

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

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. Was dead on arrival at Springfield Baptist Hospital

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 177
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near Thornfield, Mo
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ozark, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 29, 52 - 2 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell from Tractor

22. *I hereby certify that I attended the deceased from* 4-29, 1952, *to* Only, 19___, *that I last saw the deceased alive on* Never, 19___, *and that death occurred at* 4:00 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stanley S. Peterson MD 0
23b. ADDRESS: Springfield Missouri
23c. DATE SIGNED: 30 April 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: ~~Sun.~~ May 4, 1952
24c. NAME OF CEMETERY OR CREMATORY: Fannon
24d. LOCATION (City, town, or county) (State): Ava, Missouri.

DATE REC'D BY LOCAL REG.: 5-3-52
REGISTRAR'S SIGNATURE: James R Ann, MD
25. FUNERAL DIRECTOR'S SIGNATURE: Clinkingbeard Funeral Home. — ADDRESS: Ava, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Charles R. Kish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.