

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17648

State File No.

FILED JUN 6 1952

BIRTH NO. _____ REG. DIST. NO. 814 PRIMARY REG. DIST. NO. 4457 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>St Clair Co</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Clair</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laverly city</u>		c. LENGTH OF STAY (in this place) <u>12 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laverly city</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>
3. NAME OF DECEASED (Type or Print) a. (First) <u>Tom</u> b. (Middle) <u>G.</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-21-52</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>7-17-1867</u>	9. AGE (In years last birthday) <u>84</u>	10. IF UNDER 1 YEAR Days <u>10</u> Hours <u>9</u> Min.
10a. USUAL OCCUPATION (Give kind of work considering length of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Adam</u>		13b. MOTHER'S MAIDEN NAME <u>Rachael Marple</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>487-12-6087</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Young</u>		ADDRESS <u>RC 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>Coronary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocarditis</u> DUE TO (c) <u>Edema general from Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> <u>History</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>May 15, 1952</u> , to <u>May 21, 1952</u> , that I last saw the deceased alive on <u>July 19, 1952</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>E. B. Dorman M.D.</u> (Degree or title)			23b. ADDRESS <u>Laverly city Mo.</u>		23c. DATE SIGNED <u>5-22-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Moriah</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-22-52</u>		REGISTRAR'S SIGNATURE <u>Jack Seavers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Wilburson</u>	
				ADDRESS <u>Clinton</u>	

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

SUN 11 1957

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 Frederick Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clinton 3rd

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.