

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21150**

FILED JUL 10 1952

BIRTH NO. **39863** REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **69**

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

1. PLACE OF DEATH a. COUNTY <b>Macon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Macon</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Shelbina</b>	
c. LENGTH OF STAY (in this place) <b>5 Hours</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Samaritan Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Marline</b> b. (Middle) <b>Kay</b> c. (Last) <b>Young</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 23, 1952</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>June 23, 1952</b>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 WEEK Hours Min. <b>3</b>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Never Worked</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Macon, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Robert Lee Young</b>		13b. MOTHER'S MAIDEN NAME <b>Myrtle J. Perrigo</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. Robert Lee Young - Shelbina, Mo</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature</b>					
		DUE TO (c)					
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 June 23, 1952 to June 23, 1952 that I last saw the deceased alive on June 23, 1952 and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph H. Tomer D.O.</b> (Degree or title)		23b. ADDRESS <b>Shelbina Mo</b>		23c. DATE SIGNED <b>6/24/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6-24-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Prairie</b>		24d. LOCATION (City, town, or county) (State) <b>Shelby County, Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>6/30/52</b>		REGISTRAR'S SIGNATURE <b>Ruth McNeely</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>E. Hayes Shelbina, Missouri</b>	
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RECEIVED 7.8.52  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 7-52-109  
Date Filed 7.9.52

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed Paul E. Hayes

Signed.....  
Student Embalmer

Licensed Embalmer No. 4461

P. O. Address Shelburne, Me.

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.