

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27437

State File No.

FILED SEP 8 - 1952

BIRTH NO.		REG. DIST. NO. <u>55</u>		PRIMARY REG. DIST. NO. <u>3011</u>		Registrar's No. <u>70</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY <u>Carroll</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		a. STATE <u>Mo.</u>		b. COUNTY <u>Carroll</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Grand Ave</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Carrollton</u>		d. STREET ADDRESS (If rural, give location) <u>017b</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)						
a. (First) <u>EDWARD</u>		b. (Middle) <u>W</u>		c. (Last) <u>YOUNG</u>		<u>Sept 4 1952</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 1, 1887</u>			
9. AGE (in years last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Mins.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Retired Oil Supt. Pipe Line</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <u>Carroll Co Mo.</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>			13a. FATHER'S NAME <u>James Young</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Martin Weltha Young</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E.W. Young</u>			ADDRESS <u>Carrollton Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>				<u>Few minutes</u>	
				ANTECEDENT CAUSES					
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b) _____					
				DUE TO (c) <u>Overweight</u>					
				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 <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>Sept 4, 1952</u> , to _____, 19____, that I last saw the deceased alive on <u>Sept 4, 1952</u> , and that death occurred at <u>5:00 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Carl H Reed, M.D.</u> (Degree or title)				23b. ADDRESS <u>Carrollton Mo.</u>			23c. DATE SIGNED <u>9/5-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-6-52</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>9/6/52</u>		REGISTRAR'S SIGNATURE <u>Mrs. Herbert Calvert</u>			FUNERAL DIRECTOR'S SIGNATURE <u>Standley & Gibson</u> ADDRESS <u>Carrollton Mo</u>				

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

0171

017b

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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton 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.