No. 300
10.48

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

FILED SEP 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28717

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY McDonald -
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NOEL
c. LENGTH OF STAY (in this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE ~~Jasper~~ Mo. b. COUNTY Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Joplin, 4495
d. STREET ADDRESS (If rural, give location) 613 Glenview place.

3. NAME OF DECEASED (Type or Print) a. (First) Victor b. (Middle) L. c. (Last) Young -

4. DATE OF DEATH (Month) (Day) (Year) 9-4-1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married - 1
8. DATE OF BIRTH Sept 24, 1880
9. AGE (In years last birthday) 71 | 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) Insurance Broker
10b. KIND OF BUSINESS OR INDUSTRY Insurance
11. BIRTHPLACE (City and State or Foreign Country) Joplin, Mo - 0
12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME Greenberry B. Young
13b. MOTHER'S MAIDEN NAME Lillian Darnall
14. NAME OF HUSBAND OR WIFE Jessie Bryant Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs. Jessie Young 613 Glenview, ADDRESS Joplin, Mo

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) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH ?

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 8:30 A m., from the causes and on the date stated above.*

23a. SIGNATURE R. M. Humphrey 3 (Degree or title) Coroner
23b. ADDRESS Pineville, Mo
23c. DATE SIGNED 9-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial A
24b. DATE 9-6-1952
24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
24d. LOCATION (City, town, or county) (State) Joplin, Mo.

DATE REC'D BY LOCAL REG. 9-4-52
REGISTRAR'S SIGNATURE Mayme Humphrey 423-0
25. FUNERAL DIRECTOR'S SIGNATURE Thomhill - Dillon Mortuary ADDRESS Joplin, Mo

(Licensed Embalmer's Statement on Reverse Side)

SEP 17 1952

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 R. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 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.