No. 300
10.48

SEP 8 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28814

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4340 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY: Monroe	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Monroe
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stoutsville, Mo. c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stoutsville, Missouri. 0690
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Stoutsville, Mo.	d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)	a. (First): Clarence	b. (Middle): B.	c. (Last): Young.	4. DATE OF DEATH (Month) (Day) (Year): Aug, 10, 1952
5. SEX: Male 0	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2	8. DATE OF BIRTH: Dec, 26, 1889	9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 7, Days 14 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farm	11. BIRTHPLACE (State or foreign country): Monroe County, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: George W. Young.	13b. MOTHER'S MAIDEN NAME: Hester J. Robinson	14. NAME OF HUSBAND OR WIFE: Sweety Heckart Young		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War#1	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S SIGNATURE OR NAME: Roy Young. ADDRESS: Stoutsville, Missouri		

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) ~~Cancer~~ Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 6 month

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: 177X	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* 1-28, 1952, *to* 8-16, 1952, *that I last saw the deceased alive on* 8-7, 1952, *and that death occurred at* 1:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. N. Simmons D.O.	23b. ADDRESS: Monroe City, Missouri.	23c. DATE SIGNED: 18-12-52
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Aug, 12, 1952 — 24c. NAME OF CEMETERY OR CREMATORY: Plesant Hill.	24d. LOCATION (City, town, or county) (State): Monroe County, Mo.
DATE REC'D BY LOCAL REG.: 8-6-52	REGISTRAR'S SIGNATURE: 432-0 J. A. Barnetson D.	25. FUNERAL DIRECTOR'S SIGNATURE: Clyde C. Wilkey ADDRESS: Perry, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Clyde C. Wilson

Licensed Embalmer No. 3820

P. O. Address Perry, Missouri.

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.