

FILED SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30942**

0143  
4

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

|   |                               |  |   |   |   |   |   |
|---|-------------------------------|--|---|---|---|---|---|
| BIRTH NO. _____   |                               | REG. DIST. NO. <u>47</u>   |   | PRIMARY REG. DIST. NO. <u>3008</u>  |   | Registrar's No. <u>320</u>  |   |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Calloway</u>  |                               |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Boone</u> |   |   |   |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Fulton</u> )  |                               | c. LENGTH OF STAY (in this place) <u>3 MOB.</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>  |   | <u>1105</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Schoaf Nursing Home</u>  |                               |  |   | d. STREET ADDRESS (If rural, give location) <u>505 Rogers St.</u>   |   |   |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Nora</u><br>b. (Middle) <u>E.</u><br>c. (Last) <u>Young</u>   |                               |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Sept. 22, 1952</u> |   |   |   |   |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  | 8. DATE OF BIRTH <u>Oct. 5, 1873</u>                              |   | 9. AGE (In years last birthday) <u>79</u>                               | 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) <u>House wife</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>  |   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kentucky</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>   |   |
| 13a. FATHER'S NAME <u>Daniel Baker</u>  |                               | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>   |   | 14. NAME OF HUSBAND OR WIFE <u>Thomas J. Young</u>  |   |   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |                               | 16. SOCIAL SECURITY NO. <u>--no</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>C.R. Young, 810 Coats St. Columbia</u>   |   |   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio &amp;clerosis (Decapitus)</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>mo</u>                                       |   |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION   |   |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" 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)   |   | <u>4500</u>   |   |
| 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>July 9, 1952</u> , to <u>Sept 22, 1952</u> that I last saw the deceased alive on <u>Sept. 21, 1952</u> , and that death occurred at <u>10 a. m.</u> , from the causes and on the date stated above. |                               |  |   |   |   |   |   |
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u>   |                               |  |   | 23b. ADDRESS <u>Fulton Mo</u>   |   | 23c. DATE SIGNED <u>9-22-52</u>   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |                               | 24b. DATE <u>9-24-1952</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Dry Fork</u>                |   | 24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo. R?F.D.</u> |   |   |
| DATE REC'D BY LOCAL REG. <u>Sept. 22, 1952</u>  |                               | REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Willett Funeral Home, Columbia, Mo.</u>   |   |   |   |

(Licensed Embalmer's Statement on Reverse Side)

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 Lyman H. Spunkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.