

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **37975**

**DEC 15 1952**

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>74</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Spgs</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 hrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Spgs</u> <u>0201</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chambers Emergency Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>West Marshall</u>			
3. NAME OF DECEASED (Type or Print) <u>CHARLES A. YOUNGER</u>			a. (First)		b. (Middle)		c. (Last)
4. DATE OF DEATH <u>Dec. 6, 1952</u>		(Month) (Day) (Year)		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>5/8/1872</u>		9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) <u>St Clair Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	
14. NAME OF HUSBAND OR WIFE <u>Oliver Younger</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>No</u>		16. SOCIAL SECURITY NO. <u>Mo</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oliver Younger</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</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) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4201</u>				20. AUTOPSY? 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)			
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>5 Dec</u> , 19 <u>52</u> , to <u>6 Dec</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6 Dec</u> , 19 <u>52</u> , and that death occurred at <u>7:45 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John Hill</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>El Dorado Springs Mo</u>		23c. DATE SIGNED <u>8 Dec 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/9/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City</u>		24d. LOCATION (City, town, or county) (State) <u>El Dorado Spgs Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 9, 1952</u>		REGISTRAR'S SIGNATURE <u>George A. Nelson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nelson Funeral Home</u>		ADDRESS <u>El Dorado Spgs Mo</u>	

(Signed Embalmer's Statement on Reverse Side)

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

S. No. 300  
v. 10.48

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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 Hugh S. Allen

Licensed Embalmer No. 2844

P. O. Address El Dorado, Miss.

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.