

No. 300
10.48

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

FILED FEB 4 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45194

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 655 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Blue Eye <u>9 1/2 miles</u>)	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) Blue Eye <u>10 1/2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Blue Eye, Mo.		d. STREET ADDRESS (If rural, give location) Blue Eye, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) Janetta	b. (Middle) Arlena	c. (Last) Youngblood	4. DATE OF DEATH (Month) (Day) (Year) Nov. 2 1952
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 3, 1897	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Carroll Co., Ark. /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James I. White	13b. MOTHER'S MAIDEN NAME Melissa Shahan	14. NAME OF HUSBAND OR WIFE B. F. Youngblood
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Yes	17. INFORMANT'S SIGNATURE OR NAME Dale Youngblood - Berrville, Ark.	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiovascular disease		10 yrs
	DUE TO (c) 443X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		previous Cerebral Vascular accident	3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 1952, to Nov 2, 1952, that I last saw the deceased alive on Nov 2, 1952, and that death occurred at EA m., from the causes and on the date stated above.

23a. SIGNATURE W.C. Mayner - M.D.	(Degree or title)	23b. ADDRESS Branson, Mo.	23c. DATE SIGNED 11/11/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-5-52	24c. NAME OF CEMETERY OR CREMATORY Blue Eye Cemetery	24d. LOCATION (City, town, or county) (State) Blue Eye Mo.
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DATE REC'D BY LOCAL REG. 1-31-53	REGISTRAR'S SIGNATURE Mrs J. G. Baker	25. FUNERAL DIRECTOR'S SIGNATURE Nelson Funeral Home	ADDRESS Berrville
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(Licensed Embalmer's Statement on Reverse Side)

Arkansas

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 Charles M. McLean

Licensed Embalmer No. Mich. 815

P. O. Address Berwynville, Ark.

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.