

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5638**

FILED MAR 3 - 1953

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **13**

451
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette	
c. LENGTH OF STAY (In this place) 8 mo.		d. STREET ADDRESS (If rural, give location) Spring St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wells Convalescent Home			

3. NAME OF DECEASED (Type or Print) a. (First) Edna		b. (Middle) --		c. (Last) Young		4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1953	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never married		8. DATE OF BIRTH Oct. 24, 1865	
9. AGE (In years last birthday) 87		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Edward Young		13b. MOTHER'S MAIDEN NAME Millie Challis		14. NAME OF HUSBAND OR WIFE None	
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. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Ollie Innes ADDRESS Fayette, Mo	

18. CAUSE OF DEATH Enter one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> 193X		INTERVAL BETWEEN ONSET AND DEATH 1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 **1952**, to **Feb 7**, **1953**, that I last saw the deceased alive on **Feb 7**, **1953**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE M. G. Reed, M.D. (Degree or title)		23b. ADDRESS Fayette Mo		23c. DATE SIGNED 2-9-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 2/9/53		24c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery Fayette		24d. LOCATION (City, town, or county) (State) Mo	
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DATE REC'D BY LOCAL REG. 2-9-53		REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Joseph A. Carr ADDRESS Fayette, Mo	
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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

Faysh A. Carr

Licensed Embalmer No.

3340

P. O. Address

Fayette 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.