

5. No. 300
v. 10.48

FILED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8398**

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **48**

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede | |
| b. CITY OR TOWN Marshall Twp. | | c. CITY OR TOWN Competition 0530 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State School | | d. STREET ADDRESS (If rural, give location) / | |

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|---|-------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Russell b. (Middle) Dean c. (Last) Young | | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1953 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married | 8. DATE OF BIRTH July 13, 1927 | 9. AGE (In years last birthday) 25 | IF UNDER 1 YEAR: Months 7 Days 4 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTH PLACE (State or foreign country) Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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|---|---|---|
| 13a. FATHER'S NAME Ruben Young | 13b. MOTHER'S MAIDEN NAME Reed Payne | 14. NAME OF HUSBAND OR WIFE None |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME Mo. State School ADDRESS Marshall |

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|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epilepsy | | |
| | 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. | | | |

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|---|--|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 3533 | 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) | 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 **Jan 1st, 1953**, to **Feb. 18, 1953**, that I last saw the deceased alive on **Feb. 18, 1953**, and that death occurred at **5:20 a. m.**, from the causes and on the date stated above.

| | | |
|---|----------------------------------|--|
| 23a. SIGNATURE P. L. Lawless, M.D. (Degree or title) | 23b. ADDRESS Marshall Mo. | 23c. DATE SIGNED 2-19-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Feb. 20, 1953 | 24c. NAME OF CEMETERY OR CREMATORY mo. state school cem. |
| | | 24d. LOCATION (City, town, or county) (State) marshall mo |

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|--|--|--|
| DATE RECD BY LOCAL REG. 2-20-1953 | REGISTRAR'S SIGNATURE Widney T Gray 385 | 25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger ADDRESS Marshall Mo |
|--|--|--|

(Licensed Embalmer's Statement on Reverse Side)

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

9970
2

MAR 6 1953

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

Joseph R. Mackler

Licensed Embalmer No. *4571*

P. O. Address *Marshall, 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.