

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14906

State File No.

FILED APR 27 1953

BIRTH NO. _____ REG. DIST. NO. 179. PRIMARY REG. DIST. NO. 5670 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <i>Lincoln</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lincoln</i>	
b. CITY (If outside corporate limits, write RURAL and give town) <i>Rural Ninevah</i>	c. LENGTH OF STAY (In this place) <i>60 yr.</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Ninevah</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home of Olney mo</i>		d. STREET ADDRESS (If rural, give location) <i>4 mi N of Olney mo. 0570</i>	

3. NAME OF DECEASED a. (First) <i>MASTIN</i> b. (Middle) <i>MOORE</i> c. (Last) <i>YOUNG</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 14 1953</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Dec 10, 1861</i>
9. AGE (In year last birthday) <i>91</i> IF UNDER 1 YEAR Months <i>4</i> Days <i>4</i> IF UNDER 24 HRS. Hours <i>4</i> Min.		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			

13a. FATHER'S NAME <i>Edwin Young</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Ann Young</i>	14. NAME OF HUSBAND OR WIFE <i>Mary Elizabeth Young</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mary Elizabeth Young</i> ADDRESS <i>Olney mo</i>

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Chronic myocarditis</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Senility</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>480x</i>	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)	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 15, 1953* to *April 14, 1953*, that I last saw the deceased alive on *Jan 11, 1953* and that death occurred at *12.00 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>R. M. Lewis</i> (Degree or title)	23b. ADDRESS <i>Silex mo.</i>	23c. DATE SIGNED <i>4-15-53</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>April 16, 53</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Olney Cemetery Olney</i>
24d. LOCATION (City, town, or county) (State) <i>Missouri</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wayne McKay</i>	ADDRESS <i>Troy mo.</i>
DATE REC'D BY LOCAL REG. <i>April 18 - 1953</i>	REGISTRAR'S SIGNATURE <i>Emma B. Riddle</i>	

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

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

Wayne McBay

Licensed Embalmer No. *3586*

P. O. Address *Troy 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.