

STANDARD CERTIFICATE OF DEATH

State File No. **22010**

FILED JUL 13 1953

BIRTH NO.

REG. DIST. NO. **166**PRIMARY REG. DIST. NO. **5605** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington TWN		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Washington Township		0510	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Mi. S.E. of Knob Noster				d. STREET ADDRESS (If rural, give location) 2 miles S.E. of Knob Noster			
3. NAME OF DECEASED (Type or Print) John William "Will" Young			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) June 26, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 16, 1871		9. AGE (In years) (Last birthday) 81	10. UNDER 1 YEAR Months	11. UNDER 18 Hrs. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Crit Young			13b. MOTHER'S MAIDEN NAME Mary Elizabeth Mahin		14. NAME OF HUSBAND OR WIFE Lavina Wharton Young		
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 ADDRESS Jack Young, Knob Noster, Missouri			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 2 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <input checked="" type="checkbox"/>			
				DUE TO (c) <input checked="" type="checkbox"/>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Knob Noster Johnson, Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>		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 June 26, 1953 , to June 26, 1953 , that I last saw the deceased alive on June 26, 1953 , and that death occurred at 3:00 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) L. W. Gravelle				23b. ADDRESS Knob Noster Mo		23c. DATE SIGNED June 26-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 28, 1953	24c. NAME OF CEMETERY OR CREMATORY Knob Noster Cemetery		24d. LOCATION (City, town, or county) (State) Knob Noster, Missouri		
DATE REC'D BY LOCAL REG. June 27-53		REGISTRAR'S SIGNATURE Earma L. Beatty		25. FUNERAL DIRECTOR'S SIGNATURE W. Raymond Baker		ADDRESS Knob Noster, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
JUL 5 1953
SANDERSON COUNTY HEALTH DEPT.

SEP 20 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

W. Raymond Baker

Licensed Embalmer No. *4616*

P. O. Address *Kraft Masters, 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.