

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

31000

State File No. ....

FILED SEP 21 1953

BIRTH NO. REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4042 Registrar's No. 574

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>BOLLINGER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>LUTESVILLE</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LUTESVILLE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bond Nursing Home</b>		d. STREET ADDRESS (If rural, give location) <b>0090</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>OSCAR</b> b. (Middle) <b>WESLEY</b> c. (Last) <b>YOUNT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>SEPT. 12 1953</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>JULY 25, 1880</b>
9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired merchant</b>	
11. BIRTHPLACE (State or foreign country) <b>GLEN ALLEN MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	

13a. FATHER'S NAME <b>FERDINAND YOUNT</b>		13b. MOTHER'S MAIDEN NAME <b>AMY UNDERWOOD</b>		14. NAME OF HUSBAND OR WIFE <b>REBECCA YOUNT</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-28-6859</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Clara Yount</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic cardiovascular disease</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr.</b>	
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19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Lutesville Missouri MO.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		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 **Sept 30**, 1950, to **Sept 12**, 1953, that I last saw the deceased alive on **Sept 10**, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Everette L. Price, D.O.</b>		23b. ADDRESS <b>Lutesville, Missouri</b>		23c. DATE SIGNED <b>9-14-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-14-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Baker Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Lutesville MO.</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Willie Van Amburgh</b>		24f. ADDRESS <b>Baker Funeral Home Lutesville MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

*J. E. Graham*

Licensed Embalmer No. *4010*

P. O. Address *Lutesville, 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.