

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32417

FILED SEP 21 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 322

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u> <u>0644</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>451 SOUTH 6th ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>451 SOUTH 6th ST.</u>			

3. NAME OF DECEASED (Type or Print) <u>DOROTHY MAE YOUNG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-8-53</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>JUNE 20, 1932</u>	9. AGE (In years; last birthday) <u>21</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours	# UNDER 24 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>HANNIBAL, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>JEFF YOUNG</u>	13b. MOTHER'S MAIDEN NAME <u>LUELLA RANDALL</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>LUELLA WYATT-451 S. 6th St.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Osteogenic Sarcoma of Scapula with metastases</u>	ANTECEDENT CAUSES DUE TO (b) <u>with metastases</u>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 23, 1953, to Sept 8, 1953, that I last saw the deceased alive on Sept 7, 1953 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. D. [Signature]</u> (Degree or title)	23b. ADDRESS <u>Hannibal Mo.</u>	23c. DATE SIGNED <u>Sept 11/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-11-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVET CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>HANNIBAL, MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-12-53</u>	REGISTRAR'S SIGNATURE <u>Dr. E. M. [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jack Schwartz - Hannibal, Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 17 1952
MARION CO. HEALTH DEPT.
DATE FILED SEP 17 1952

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 *Jack Schwartz*

Licensed Embalmer No. *34900*

P. O. Address *Hannibal, 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.