

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8198**

15046-54
FILED MAR 24 1954

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4178 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holcomb</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gideon</u> <u>0720</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cochran, s Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Michael</u> b. (Middle) <u>Andrew</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>7</u> <u>1954</u>	
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5. SEX <u>0</u> <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> <u>0</u>		8. DATE OF BIRTH <u>3-4-1954</u>		9. AGE (In years last birthday) <u>0</u> <u>0</u> <u>3</u> <u>5</u> <u>Hours</u> <u>Min.</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Holcomb, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Doyle-Young</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy Shultz</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>	
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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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Doyle Young</u>		ADDRESS <u>Gideon, Mo.</u>	
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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				INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis</u>		DUPLICATE OF (a) <u>Respiratory failure</u>					
ANTECEDENT CAUSES		DUE TO (b) <u>Respiratory failure</u>					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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) <u>7620</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			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 3/4, 1954, to 3/7/54, 1954, that I last saw the deceased alive on 19 54 and that death occurred at 3 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Holcomb Mo</u>		23c. DATE SIGNED	
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-9-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stanfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Clarkton, Mo.</u>	
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DATE RECEIVED BY LOCAL REG. <u>3/20/54</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>890</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lloyd Russell Piggott</u>		ADDRESS <u>[Address]</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HE

DEPARTMENT 3 - 23 - 58

COUNTY FILE NUMBER 354 -

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

working under my personal supervision.

Student Embalmer No.....

Signed

Lloyd Russell

Signed.....
Student Embalmer

Licensed Embalmer No. *509 - Ar*

P. O. Address *Piggott, Ar*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.