

STANDARD CERTIFICATE OF DEATH

State File No. 9651

FILED MAR 16 1954 REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4415 Registrar's No. 2

1. PLACE OF DEATH <i>At Home</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <i>Pike</i>		a. STATE <i>Missouri</i> b. COUNTY <i>Pike</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clarksville Mo.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Clarksville</i>	
c. LENGTH OF STAY (In this place)		0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>At Home</i>		d. STREET ADDRESS (If rural, give location) <i>U.S. Highway 79</i>	
3. NAME OF DECEASED		4. DATE OF DEATH	
a. (First) <i>Lillie</i>		(Month) (Day) (Year) <i>Mar. 10-1954</i>	
b. (Middle)		c. (Last) <i>Young</i>	
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>UNMARRIED</i>		8. DATE OF BIRTH <i>Mar. 4, 1887</i>	
9. AGE (In years last birthday) <i>77</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Keeper</i>	
11. BIRTHPLACE (State or foreign country) <i>Clarksville Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John Young</i>		13b. MOTHER'S MAIDEN NAME <i>Mary E. Fielder</i>	
14. NAME OF HUSBAND OR WIFE <i>UNMARRIED</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>-</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Margie Bowman</i> ADDRESS <i>624 Keith</i>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic heart disease</i>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS		ANTECEDENT CAUSES	
Conditions contributing to the death but not related to the disease or condition causing death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		4200	
22. I hereby certify that I attended the deceased from <i>10-29</i> , <i>1950</i> , to <i>3-10</i> , <i>1954</i> , that I last saw the deceased alive on <i>3-10</i> , <i>1954</i> , and that death occurred at <i>7⁴⁵</i> A.M., from the causes and on the date stated above.			
23a. SIGNATURE <i>John H. Hooker M.D.</i> (Degree or title)		23b. ADDRESS <i>Clarksville Mo</i>	
23c. DATE SIGNED <i>3-10-54</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
24b. DATE <i>3-12-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>	
24d. LOCATION (City, town, or county) (State) <i>Clarksville Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>St. Brown</i> ADDRESS <i>Clarksville Mo</i>	
DATE REC'D BY LOCAL REG. <i>3-12-54</i>		REGISTRAR'S SIGNATURE <i>Ruda Richard</i> 256	

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

A. Brown

Signed.....

Student Embalmer

Licensed Embalmer No. *2648*

P. O. Address *Charlottesville Va*

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.