

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11442

State File No. _____

FILED MAY 10 1954

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 177

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u> b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>CAPE GIRARDEAU</u> c. LENGTH OF STAY (In this place) d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>ST. FRANCIS HOSP</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BOLLINGER</u> c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MARQUAND - RURAL</u> d. STREET ADDRESS (If rural, give location) <u>8090</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>NAPOLEON EDWIN</u> b. (Middle) <u>YOUNT</u> c. (Last) <u>YOUNT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-27-54</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>W</u>	8. DATE OF BIRTH <u>3-4-1874</u>	9. AGE (In years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Bollinger County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>LARRY T YOUNT</u>			
13b. MOTHER'S MAIDEN NAME <u>FRANCIS MATHEWS</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edwin Yount, Marquand Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerotic cardiovascular</u>			
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) _____		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 <u>18 Mar</u> , 19 <u>54</u> , to <u>27 Apr</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>27 Apr</u> , 19 <u>54</u> , and that death occurred at <u>12:10 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. Washburn, M.D.</u> (Degree or title)		23b. ADDRESS <u>Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>1 May 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-1-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>L. PERRY CO.</u>	
24d. LOCATION (City, town, or county) (State) <u>BOLLINGER CO. MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edwin Yount, Marquand Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-3-54</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		ADDRESS _____	

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

No. 300
10.48

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. Stewer

Licensed Embalmer No. 3390

P. O. Address Cape Pir

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.