

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33308

State File No.

FILED NOV 8 - 1954

BIRTH NO. _____		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH a. COUNTY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stockton</u>			d. STREET ADDRESS (If rural, give location) <u>0 200 0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chambers Nursing Home</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>OTIS</u> b. (Middle) <u>NEWTON</u> c. (Last) <u>YOUNGER</u>			
4. DATE OF DEATH <u>Oct. 21, 1954</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Aug. 16, 1876</u>		9. AGE (In years last birthday) <u>78</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>Farm Tenant</u>	
11. BIRTHPLACE (State or foreign country) <u>Cedar County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>James M. Younger</u>	
13b. MOTHER'S MAIDEN NAME <u>Emily Broyles</u>				14. NAME OF HUSBAND OR WIFE _____			
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>Janie Butler - Fair Play, Mo.</u> ADDRESS _____			
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) <u>Cerebrovascular accident (Thrombosis)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>31 hrs.</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) <u>331X</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
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>10/21, 1954</u> , to <u>10/21, 1954</u> , that I last saw the deceased alive on <u>10/21, 1954</u> , and that death occurred at <u>4:10 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Robert L. Magee M.D.</u>				23b. ADDRESS <u>El Dorado Springs, Mo.</u>		23c. DATE SIGNED <u>10/23/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-23-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stockton City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stockton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>OCT. 25, 1954</u>		REGISTRAR'S SIGNATURE <u>George H. Magee</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George H. Magee</u> ADDRESS <u>Chambers Funeral Home, Stockton, Mo.</u>			

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

John A. Centlow

Licensed Embalmer No. 4387

P. O. Address Stoughton, MA

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.