

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 39674

BIRTH NO. REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 500 Registrar's No. 2337

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley		c. LENGTH OF STAY (in this place) 3 mos	c. CITY OR TOWN Berkeley 409
d. FULL NAME OF HOSPITAL OR INSTITUTION: 8615 Mary Avenue		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 8615 Mary Avenue		e. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED a. (First) JOHN b. (Middle) WESLEY c. (Last) YOUNG			4. DATE OF DEATH (Month) (Day) (Year) Oct. 5, 1954		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 27, 1885	9. AGE (In years last birthday) 29	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) New Mexico		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Roland Young	13b. MOTHER'S MAIDEN NAME Martha (Unknown)	14. NAME OF HUSBAND OR WIFE Amy Young
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 491-05-5803A	17. INFORMANT'S SIGNATURE OR NAME Mrs Amy Young	ADDRESS Berkeley, Mo.
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral bronchiectasis & pneumonitis & abscess ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Silicosis of lungs bilat. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Degenerative cardiac vascular Conditions contributing to the death but not related to the disease or condition causing death. diverse		INTERVAL BETWEEN ONSET AND DEATH 4 yrs 10 yrs 7 yrs
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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 7 July, 1954, to 5 Oct., 1954, that I last saw the deceased alive on 5 Oct., 1954, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John S. Guly MD</i>	23b. ADDRESS 2120 Perimeter Parkway, Mo.	23c. DATE SIGNED 10-6-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-7-54	24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery	24d. LOCATION (City, town, or county) (State) Moberly, Missouri
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DATE REC'D BY LOCAL REG. 10/5/54	REGISTRAR'S SIGNATURE <i>Hebeal Blankenship</i>	FUNERAL DIRECTOR'S SIGNATURE MAHAN FUNERAL HOME,	ADDRESS MOBERLY, MO.
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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 _____
Signature of Student Embalmer

Signed *Eleonora Province*

Licensed Embalmer No. 3403

P. O. Address Jennings, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.