

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41540**

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>3032</u>		Registrar's No. <u>163</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Warrensburg</u>		c. LENGTH OF STAY (In this place) <u>16</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chilhowee</u>		OR TOWN <u>0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Medical Center</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>David</u> b. (Middle) <u>Francis</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) <u>12</u> (Day) <u>24</u> (Year) <u>54</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 10, 1873</u>	9. AGE (In years last birthday) <u>81</u>	# UNDER 1 YEAR <u>11</u> Days	# UNDER 1 MIN. <u>14</u> Hours	# UNDER 1 MIN. _____
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>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Chilhowee, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Young</u>		13b. MOTHER'S MAIDEN NAME <u>Lousia Evans Young</u>		14. NAME OF HUSBAND OR WIFE <u>Josie Montague Young</u>			
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>X</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leland Young, Chilhowee, Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bleeding duodenal ulcer</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (a) <u>5410</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchopneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Total Pyloric Obstruction, Scar Tissue of Ulcer.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>July 1, 1954</u> , to <u>Dec 24, 1954</u> , that I last saw the deceased alive on <u>12-23, 1954</u> , and that death occurred at <u>3 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>R. Lee Cooper M.D.</u>				23b. ADDRESS <u>Warrensburg Mo</u>		23c. DATE SIGNED <u>12-24-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/26/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chilhowee</u>		24d. LOCATION (City, town, or county) (State) <u>Chilhowee, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 27, 1954</u>		REGISTRAR'S SIGNATURE <u>Savannah Northrup</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cook Funeral Home, Chilhowee, Mo.</u>		ADDRESS _____	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JAN 3 1955
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

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.....

J. Cook

Licensed Embalmer No. *4335*

P. O. Address *Chilhowee, Mo*

Signed.....
Student Embalmer

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.