

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43084

State File No.

FILED DEC 28 1954

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 6093 Registrar's No. 2512

6970
3

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nelson, Mo.</u>		c. LENGTH OF STAY (In this place) <u>1 Hr.</u>	c. CITY OR TOWN <u>Rural</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Died Suddenly</u>			e. STREET ADDRESS (If rural, give location) <u>0270</u> <u>2Mi. South East of Nelson, Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harriett</u> b. (Middle) <u>Anneta</u> c. (Last) <u>Younger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>December 23-1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 17-1885</u>	9. AGE (In years of last birthday) <u>69</u>	10. MONTHS <u>10</u> 11. DAYS <u>8</u> 12. HOURS <u>8</u> 13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Nelson, Mo. R.F.D. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Smith</u>		13b. MOTHER'S MAIDEN NAME <u>Zeleka J. Gillespie</u>		14. NAME OF HUSBAND OR WIFE <u>Oscar Younger</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Oscar Younger-Nelson, Mo. Route 2</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>Coronary 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) _____ 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>1 hr.</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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>12/23</u> , 1954, to <u>12/23</u> , 1954, that I last saw the deceased alive on <u>12/23</u> , 1954, and that death occurred at <u>3:10 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Ronald G. Swann</u>		23b. ADDRESS <u>Blackwater 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>Sold Fork Cemetery Dist 4 mi. So. Nelson, Mo</u>	24d. LOCATION (City, town, or county) (State) _____		
DATE REC'D BY LOCAL REG. <u>12-25-54</u>	REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Leake Swanney-Marshall</u>	ADDRESS _____		

(Licensed Emballer's Statement on Reverse Side)

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.....*J. Leahie Sweeney*.....

Licensed Embalmer No. *3733*

P. O. Address *W. Asahel*

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.