

C-None
R-8006

STANDARD CERTIFICATE OF DEATH

State File No. 119
Registrar's No. 119

BIRTH NO. FILED FEB 3 - 1955 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY Butler			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY New Madrid		
b. CITY (If outside corporate limits, write RURAL and give township) Poplar Bluff,		c. LENGTH OF STAY (In this place) 22 days	c. CITY OR TOWN Portageville		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) Veterans Administration Hospital			e. STREET ADDRESS (If rural, give location) RR#2		

3. NAME OF DECEASED (Type or Print) a. (First) Billy b. (Middle) J. c. (Last) Younger			4. DATE OF DEATH (Month) (Day) (Year) January 14, 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 1933		9. AGE (In years last birthday) 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Airman		10b. KIND OF BUSINESS OR INDUSTRY U.S. Air Force	11. BIRTHPLACE (City and State or Foreign Country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS		ADDRESS
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal Hydrocephalus due to trauma			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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. E8259 33			

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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) On a Street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Petaluma, California	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 1, 1954 6:00AM	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR Automobile Accident	

22. I hereby certify that I attended the deceased from **Dec 23, 1954**, to **January 14, 1955**, and that death occurred at **10:30am.**, from the causes and on the date stated above.

23a. SIGNATURE E.D. BASKETT	(Degree or title) M.D. Acting Chief, Medical Service, VAH, Poplar Bluff, Mo.	23b. ADDRESS	23c. DATE SIGNED 1-14-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Interment	24b. DATE 1-15-54	24c. NAME OF CEMETERY OR CREMATORY Portageville	24d. LOCATION (City, town, or county) (State) Portageville, Mo
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DATE REC'D BY LOCAL REG. 1/23/55	REGISTRAR'S SIGNATURE [Signature]	F. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Poplar Bluff Mo
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
JAN 31 1955

BUTLER CO. HEALTH CENTER

FILE No. _____

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 *Wallace N. Fitch*

Licensed Embalmer No. *385*

P. O. Address *Opola, Ill.*

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.