

STANDARD CERTIFICATE OF DEATH

State File No. **7242**

FILED MAR 29 1955

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5109</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Ballinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ballinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked Creek</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked Creek</u>		d. STREET ADDRESS (If rural, give location) <u>near Marquand</u> 0090	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>near Marquand</u>				d. STREET ADDRESS <u>near Marquand</u> 0			
3. NAME OF DECEASED a. (First) <u>LARRY</u> (Type or Print)				b. (Middle) <u>P</u>		c. (Last) <u>YOUNT</u>	
4. DATE OF DEATH <u>March 9, 1955</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept. 15, 1859</u>		9. AGE (In years last birthday) <u>95</u>		10. MONTHS <u>5</u>		11. DAYS <u>24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> 0	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>				13a. FATHER'S NAME <u>MABEN YOUNT</u>			
13b. MOTHER'S MAIDEN NAME <u>SUSIE BUNCH</u>				14. NAME OF HUSBAND OR WIFE <u>Widowed</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Callie presnell Marquand Mo</u>	
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>Infirmities of old age</u> INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid 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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>794 X</u> YES <input 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) m.		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, 1932</u> , to <u>Mar 9th, 1955</u> , that I last saw the deceased alive on <u>Mar 7th, 1955</u> , and that death occurred at <u>8 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Edwin Crites M.D.</u>				23b. ADDRESS <u>Seidenschick Mo.</u>		23c. DATE SIGNED <u>3-21-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 14, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Valley</u>		24d. LOCATION (City, town, or county) (State) <u>Ballinger, Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Mar 24-55</u>		REGISTRAR'S SIGNATURE <u>William Vanhook</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bobber Funeral Home</u>		ADDRESS <u>Lutesville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

J. E. Graham

Licensed Embalmer No. *4010*

P. O. Address *Luttrell, 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 this body is not embalmed, fact should be so stated above.