

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9072**

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

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>53 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		d. STREET ADDRESS (If rural, give location) <u>1218 East 13th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1218 East 13th</u>				d. STREET ADDRESS (If rural, give location) <u>1218 East 13th</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Allie</u>		c. (Last) <u>YOUNG</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 4 1955</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. 30 1875</u>		9. AGE (In years last birthday) <u>80</u>		10. BIRTHPLACE (City and State or Foreign Country) <u>Morgan Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>		13a. FATHER'S NAME <u>Henry Young</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Cox</u>	
14. NAME OF HUSBAND OR WIFE <u>Lillie Young</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lillie Young</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic changes</u> DUE TO (c) <u>Parkinsonian</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Partial Paralysis of Left Side</u>				INTERVAL BETWEEN ONSET AND DEATH <u>one day</u> <u>yes</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>				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) (Minute)	
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>Aug 1953</u> to <u>3-22, 1955</u> , that I last saw the deceased alive on <u>3-22, 1955</u> , and that death occurred at <u>7:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Thomas J. Hyatt</u>				23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>4/5/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-6-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Synagogue</u>		24d. LOCATION (City, town, or county) (State) <u>Synagogue Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-6-55</u>		REGISTRAR'S SIGNATURE <u>Laura Corne</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>		ADDRESS <u>Sedalia</u>	

(Licensed Embalmer'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
Student Embalmer

Signed

K.P.M. Lary

Licensed Embalmer No. *3153*

P. O. Address *Sedalia 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.