

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16325

State File No.

FILED JUN 6 1955

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>MOORE</u> <u>RANDOLPH</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>RANDOLPH</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>MOBERLY</u>		c. LENGTH OF STAY (In this place) <u>5 DA.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MOBERLY</u>		d. STREET ADDRESS (If rural, give location) <u>511 E BURKHART</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WOODLAND HOSP.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 21, 1955</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BARKER</u>		b. (Middle) <u>POWER</u>		c. (Last) <u>YOUNG</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>APR 21, 1918</u>	
9. AGE (In years last birthday) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DOZIER OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>EARTH MOVING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE CO., MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DENNIS YOUNG</u>		13b. MOTHER'S MAIDEN NAME <u>MELVINA POWER</u>		14. NAME OF HUSBAND OR WIFE <u>RUBY B. YOUNG</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>YES</u> <u>WW II</u>		16. SOCIAL SECURITY NO. <u>490-18-6198</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. BARKER YOUNG, MOBERLY MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe lacerations of head neck back, arms & leg, about 50% of body surface</u>		ANTECEDENT CAUSES <u>Due to (b) surface</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>E9168</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>40</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In town - near road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly 12 Randolph Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 17 1955 4:30 A</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Driving bulldozer & came in contact & was hit & from impact</u>			
22. I hereby certify that I attended the deceased from <u>May 17, 1955</u> , to <u>May 21, 1955</u> , that I last saw the deceased alive on <u>May 21, 1955</u> , and that death occurred at <u>6:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>C. Arnold Colars</u>				23b. ADDRESS <u>Moberly Mo</u>		23c. DATE SIGNED <u>May 21 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 24, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CEDAR GROVE</u>		24d. LOCATION (City, town, or county) (State) <u>MONROE CO., MO.</u>	
DATE REC'D BY LOCAL REG. <u>5-24-55</u>		REGISTRAR'S SIGNATURE <u>Leah Evans</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed Blakey</u>		PARIS, MISSOURI PARIS, MISSOURI	

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

ESTD 1911

MAR 19 1963

JUL 19 1951

JUN 29 1956

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 E. W. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, MISSOURI

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.