

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**21091**

State File No. ....

**FILED JUL 25 1955**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 187

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Boone</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Columbia</u> / c. LENGTH OF STAY (in this place) <u>6 Yrs.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> <u>0105</u> c. CITY OR TOWN <u>Columbia</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Nabachl Court St.</u>		STREET ADDRESS (If rural, give location) <u>1 Nabachl Court St.</u>	

<b>3. NAME OF DECEASED</b> a. (First) <u>Emerson</u> b. (Middle) <u>R</u> c. (Last) <u>Young</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>July 18, 1955</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 14, 1860</u>	<b>9. AGE</b> (In years last birthday) <u>94</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Hardware</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Kendallville, Indiana /</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>					

<b>13a. FATHER'S NAME</b> <u>John Young</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Almeda Glosser</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>Nellie E. F. Young</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Earl Spragg, Columbia, Missouri</u>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)	<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>334X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from 11-18, 1953 to 7-18, 1955, that I last saw the deceased alive on 7-18, 1955 and that death occurred at 8:30 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <u>RP Padonoy M.D.</u>	<b>23b. ADDRESS</b> <u>Columbia Mo</u>	<b>23c. DATE SIGNED</b> <u>19 July 55</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>7/20/1955</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park</u>
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Columbia, Missouri</u>		

<b>DATE REC'D BY LOCAL REG.</b> <u>July 19, 1955</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Mrs R.E. Palmer</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>Memorial Funeral Home, Columbia, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 23 1955

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, ~~by~~ ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lyman H. Spunk*.....

Licensed Embalmer No. *401*.....

P. O. Address *Columb*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN-HANDWRITING. (If 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.