

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

FILED AUG 15 1955

STANDARD CERTIFICATE OF DEATH

State File No. **23253**

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY Pulaski b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville c. LENGTH OF STAY (in this place) 1 day d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hosp.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Camdenton c. CITY OR TOWN Richland R#3 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) Rural Route #3	
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3. NAME OF DECEASED (Type or Print) a. (First) Willard b. (Middle) Allen c. (Last) Young		4. DATE OF DEATH (Month) Aug (Day) 6 (Year) 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Aug 21 1944
9. AGE (In years last birthday) 10 IF UNDER 1 YEAR Months - Days - IF UNDER 12 HRS. Hours - Min. -		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Joseph Isaac Young		13b. MOTHER'S MAIDEN NAME Bertha Myrtle Oliver		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - -		16. SOCIAL SECURITY NO. - - -		17. INFORMANT'S SIGNATURE OR NAME Bertha M Young	
				ADDRESS Richland Rt #3 Mo	

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 Cerebral Edema		INTERVAL BETWEEN ONSET AND DEATH 9 hr	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Subdural Hematoma Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Skull Fracture DUE TO (c)				9 Hr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 9281					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 3		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Stoutland 085 Pulaski Mo	
21d. TIME OF INJURY (Month) Aug (Day) 6 (Year) 55 (Hour) 6P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Drug by a Mule	

22. I hereby certify that I attended the deceased from Aug 5, 1955, to Aug 6, 1955, that I last saw the deceased alive on Aug 5, 1955, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) DO 1		23b. ADDRESS Waynesville Missouri		23c. DATE SIGNED 6 Aug 55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 9-55		24c. NAME OF CEMETERY OR CREMATORY Stoutland Cemetery		24d. LOCATION (City, town, or county) (State) Stoutland Missouri	
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DATE REC'D BY LOCAL REG. 8-9-55		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		HEDGES FUNERAL HOMES INC RICHLAND	
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Date Filed 8-13-55
File Number
Public Health Office
8-9-55

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 *Chas. J. Moore*.....

Licensed Embalmer No. 4884

P. O. Address *Wageningen*.....

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.