

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

FILED OCT 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32509**

| | | | | | | | | | |
|---|--|--|--|---|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 57 | | PRIMARY REG. DIST. NO. 4081 | | Registrar's No. 12 | | | |
| 1. PLACE OF DEATH a. COUNTY CARROLL | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO | | | | b. COUNTY CARROLL | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN BOSWORTH) | | c. LENGTH OF STAY (in this place) N/A | | c. CITY OR TOWN BOSWORTH | | d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | f. STREET ADDRESS (If rural, give location) 0176 | | | | | |
| 3. NAME OF DECEASED. (Type or Print) a. (First) PHOEBE | | | b. (Middle) BLANCHE | | | c. (Last) YOUNG | | 4. DATE OF DEATH (Month) (Day) (Year) OCT. 22. 1955 | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | | 8. DATE OF BIRTH DEC 23-1887 | | 9. AGE (In years last birthday) 67 if UNDER 1 YEAR Months 9 Days 29 if UNDER 12 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE | | | 10b. KIND OF BUSINESS OR INDUSTRY - | | | 11. BIRTHPLACE (City and State or Foreign Country) MT. STERLING ILL | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME JOSEPH BURROWS | | | 13b. MOTHER'S MAIDEN NAME LAURA ADLADENEWBY | | | 14. NAME OF HUSBAND OR WIFE ORES E. YOUNG | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) - | | | 16. SOCIAL SECURITY NO. - | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS ORES E. YOUNG BOSWORTH 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcoid Pelvic | | | | 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) 1991 | | | | | |
| | | | | DUE TO (c) Herbert Melroy | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? 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) | | 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 Oct 20 , 19 55 , to Oct 22 , 19 55 , that I last saw the deceased alive on Oct 22 , 19 55 , and that death occurred at 9:10 m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Bob Brown (Degree or title) | | | | 23b. ADDRESS Bosworth Mo | | 23c. DATE SIGNED Oct 27/55 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE OCT. 25-1955 | | 24c. NAME OF CEMETERY OR CREMATORY PIS CREEK CEMETERY | | 24d. LOCATION (City, town, or county) (State) 5M. WEST BOSWORTH MO | | | |
| DATE REC'D BY LOCAL REG. Oct 28-55 | | REGISTRAR'S SIGNATURE Pearl Koch | | 25. FUNERAL DIRECTOR'S SIGNATURE Leopard & Edwards | | ADDRESS Bosworth MO | | | |

(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.....
Signature of Student Embalmer

Signed *David J. Edwards*.....

Licensed Embalmer No. *32*

P. O. Address *Bowling*

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