Tairmor in the continuous of t	ura cca a		THE DIVISION OF H			5	914
1. PLACE OF DEATH 2. COUNTY Pulaski b. CITY (If establed compenses limits, write RURAL and give on the county of the county pulaski) b. CITY (If establed compenses limits, write RURAL and give on the county of the county pulaski) c. CITY (In the plant) d. Fill, MAME OF (If set is bacylate of persist pulative), circ a trees address or location) d. Fill, MAME OF (If set is bacylate) of institution, circ a trees address or location) d. Fill, MAME OF (If set is bacylate) of institution, circ a trees address or location) d. Fill, MAME OF (If set is bacylate) of institution, circ a trees address or location) d. Fill, MAME OF (If set is bacylate) of institution, circ a trees address or location) d. STREET ADDRESS (If rund, give beaution) John Preston Young Of The Institution of the circ at the circ and the cir	ITEN LER S	3 1956	STANDARD CERTIF	FICATE OF DEA	ATH s	tate File No	97h 0444 4=407,000 94=44==440
B. COUNTY Pulsaki b. CITY (if entirely experiment limits, write RURAL and give to the county of the			REG. DIST. NO. <u>290</u>				19
D. CITY (If consider companies limits, write RURAL and give not worked to the local control of the control of t		н ,		2. USUAL RESID	ENCE (Where decesse	d lived. If institution	
TOWN rural - Liberty township) STAY (in this beta before to the beta place in the control of the	Pulas			Mis Mis	Beouri 5. '	Palus!	ci admission
d. FULL NAME OF dI set in beoptial or institution, dire stress address or location) ADDRESS NAME OF S. (First) Dohn Preston	к _		AL and give c. LENGTH OF township) STAY (in this place	oll OR		d. Is Residence v	vithin limits of porated town?
ADDRESS INSTITUTION Aughters Aughters				TCI			No (1)
3. NAME OF DECEASED a. (Pirst) DECEASED JOHN Preston P	OSPITAL OR		•	[[ADDRESS	_	f	850
S. SEX G. COLOR OR RACE Mile							
5. SEX			• •		OF DEATH		
Male white married married married per 19b. KIND OF BUSINESS OR IN. B. USUAL OCCUPATION (Chew bload develop of married) 19b. KIND OF BUSINESS OR IN. 11b. BIRTHPLACE (City and State or Fereige Country) 12c. CT Country 12d.			MARRIED NEVER MARRIED	- <u> </u>	9. AGE (Ia	YEAR IF UNDER I YEAR	. 1956 I # UNDER 11 H25.
Da. USIAL OCCUPATION (Give kind of work) dome during most of working Ills, awan if rectived) 10b. KIND OF BUSINESS OR IN. DUSTRY Lincoln County 11c. Circumstance Lincoln County 12c. Circumstance Lincoln County 13d. Mother's Maiden Name Press Young 14d. Name of Hussand'or Wife Susan Ann Young Susan Ann Young 15. WAS DECEASED EVER IN U.S. ARMED FORCEST. 16. SOCIAL SECURITY NO. 17c. INFORMANT'S SIGNATURE OR NAME Press Young Susan Ann Young 8. CAUSE OF DEATH Anter only one emise per one for (a), (b), and (c) This does not mean the mode of dying, such sheartifulure, arthenia, c. It means the dis- site, infurry, or complica- one which caused dath. 17d. OTHER SIGNIFICANT CONDITIONS Onditions contributing to the death but not which caused dath. 17d. DATE OF OPERA- INO 18d. ACCIDENT SUCICIE HOMICIDE 18d. MOTHER SIGNIFICANT CONDITIONS Onditions contributing to the death but not home, farm, factory, stream, office bidg. even.) HOMICIDE 18d. ACCIDENT SUCICIE HOMICIDE 18d. MOTHER SIGNIFICANT CONDITIONS Onditions contributing to the death but not home, farm, factory, stream, office bidg. even.) HOMICIDE 18d. ACCIDENT SUCICIE HOMICIDE 21d. HOM DID INJURY OCCURRED WHILEAT MOT WHILEA 18d. ACCIDENT SUCICIE HOM DECASED 18d. ACCIDENT SUCICIE HOM DECASED 18d. ACCIDENT SUCICIE HOM DECASED 18d. ACCIDENT SUCI	• Y		widowed, Divorced (Specify)	1	Last birthd	lay) Months Days	Hours Min.
Tarier County Co	AL OCCUPATION (G	Give kind of work 10	b. KIND OF BUSINESS OR IN-	11 0107101 105	 .	C 12. CI	TIZEN OF WHAT
13b. MOTHER'S MANE 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND'OR WIFE SUBBN Ann Young 15. WAS DECEASED EVER IN U. S. ARMED FORCEST. 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME 18. CAUSE OF DEATH 1. DISEASE OR CONDITION 18. CAUSE OF DEATH 1. DISEASE OR CONDITION 18. CAUSE OF CAUSE OF CONDITION 18. CAUSE OF CO	arms most of working ills.	ie, even if retired)	DUSTRY			COL	JNTRY?
S. WAS DECEASED EVER IN U.S. ARMED FORCEST. I. 16. SOCIAL SECURITY NO. II. INFORMANT SIGNATURE OR NAME NO. III. INFORMANT SIGNATURE OR NAME NO. III. INFORMANT SIGNATURE OR NAME NO. III. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES An earl failure, asthenia, is, it is to the above cause (c) stating the underlying cause last. DUE TO (b) Table ACCIDENT III. OTHER SIGNIFICANT CONDITIONS Conditions ontributing to the death but not rather to condition counting death. DIE TO (c) III. ACCIDENT III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rather to condition. TION III. ACCIDENT SUCIDE HOMICIDE (Boacity) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rather to condition. TION III. ACCIDENT SUCIDE HOMICIDE (Boacity) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rather to condition. TION III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rather to condition. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rather to condition. TION III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rather to condition. TION III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not rather to condition. TION III. OTHER SIGNIFICANT CONDITIONS Conditions contributing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing death. DUE TO (c) III. OTHER SIGNIFICANT CONDITIONS Conditions contributing death. DUE TO (c) TO (c			136. MOTHER'S MAIDEN	NAME	14. NAME OF HUSB		
Pos. or unknown) RO RO RO RO RO RO RO RO RO R				I ====================================	Susan An	n Young	
Enter only one object into for (a), (b), and (c) into for (a), (b), and (c) This does not mean he mode of dying, such as heart faller, exthenia, the mode of dying, such as heart faller, exthenia, the title to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pa. DATE OF OPERATION 1a. ACCIDENT SUICIDE HOMICIDE Id. TIME (Month) (Day) (Year) (Hour) INJURY 2b. DATE (Hour) 2c. I hereby certify that I attended the deceased from Section of the date stated above alive on alive on alive on the date stated above on the date of the decease of the date of	DECEASED EVER IN runknown) (If yee, g	N U.S. ARMED FOR	CCES7. 16. SOCIAL SECURITY NO.	17. INFORMANT'	S SIGNATURE OR	mane Pin	ADDRESS
DIRECTLY LEADING TO DEATH*(a) *This does not mean he mode of dying, such a heart failure, asthemia, to. It means the discount of the discount		DISEASE OR COND		ERTIFICATION		INTE	ERVAL BETWEEN
Aforbid conditions, if any, giving DUE TO (b) Aforbid conditions, if any, giving DUE TO (c) Aforbid conditions, if any, giving DUE TO (c) Aforbid conditions Aforbid c	,	IRECTLY LEADING	TO DEATH*(a)	Rollie	1 Preus	mes 2	wh
Morbid conditions, if any, giving DUE TO (b) Is heart failure, asthenia, the clie. It means the discase, injury, or complication which caused death. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discase, injury, or condition contributing to the death but not related to the discase or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about bottle, see.) 11c. (CITY, TOWN, OR TOWNSHIP) 12c. (CITY, TOWN, OR TOWNSHIP) 12d. TIME (Month) (Day) (Year) (Hour) 12le. INJURY OCCURRED WHILE AT WORK 21f. HOW DID INJURY OCCUR? 10c. I hereby certify that I attended the deceased from September of the causes and on the date stated about alive on the country of the causes and on the date stated about the country of the causes and on the date stated about the country of the causes and on the date stated about the country of	Oct not mean AN	NTECEDENT CAUSE	ES / //	0 1	1/11/		
the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 12. ACCIDENT SUICIDE HOMICIDE Conditions (Baselly) County) County Co	of dying, such Mo	forbid conditions, if		Cereby	Henry	mly -	···
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) CITY SUICIDE HOMICIDE HOMICIDE HOMICIDE 11d. (Bpecity) 12th. PLACE OF INJURY (e.g., in or about SUIC. (CITY, TOWN, OR TOWNSHIP) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 21d. HOW DID INJURY OCCUR? 21f. How DID INJURY OCCUR? 22f. How DID INJURY OCCUR?		se to the above cause se underlying cause la	ast				
Conditions contributing to the death but not related to the disease or condition causing death. 9a. DATE OF OPERA. TION 19b. MAJOR FINDINGS OF OPERATION 3 3/X YES 1a. ACCIDENT SUICIDE (Breeity) 1a. ACCIDENT SUICIDE (Breeity) 1b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.) 1d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT		OTHER SIGNIFICA			· 		
Pa. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT (Bpeckly) SUICIDE (Bound) SUICIDE (Boun	l con	Sonditions contributin	a to the death but not	•	•		
TION 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE Cof INJURY 12a. Hour) 12b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE HOMICIDE Cof INJURY 12c. INJURY OCCURRED WHILE AT WORK 12d. How DID INJURY OCCUR? 12d. How DID I					<u> </u>	- 120 /	AUTOPSY1
18. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) 10. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? 22f. that I last saw alive on 1956, that I last saw alive on 1956, and that death occurred at 1 4 m., from the causes and on the date stated about the same of the date stated about 23b. ADDRESS 32c. INJURY 22d. LOCATION (City, town, or county) burasi	TION				3,	3/x "	
2. I hereby certify that I attended the deceased from Set, 1955, to 20, 1956, that I last saw alive on 1956, and that death occurred at 1 2 m., from the causes and on the date stated above (Decease or title) 23b. ADDRESS 23c. As. BURIAL CREMA- 124b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (Oity, town, or county) burial Pelvs 2-56 Lewis Cometery Paluski County Mo.	IDE	cify) 21b.	PLACE OF INJURY (e.g., in or about a farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR			(STATE)
2. I hereby certify that I attended the deceased from Section, 1955, to a so, 1956, that I last saw alive on 1956, and that death occurred at 1 Am, from the causes and on the date stated above 3a. SIGNATURE (Decree or title) 23b. ADDRESS 4a. BURIAL CREMA. 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY DOWN REMOVAL (Brootry) Paluski County Mo.		Ony) (Year) (Hour		21f. HOW DID INJURY	OCCUR7		
alive on 1956, and that death occurred at 1 A m., rom the causes and on the date stated above 3a. SIGNATURE (Degree or title) 23b. ADDRESS 1a. SURIAL CREMA- 160, REMOVAL (Speedty) Durial 24b. Date 24c. NAME OF CEMETERY OR CREMATORY Pelvis Comptery Pelvis County Mo.	RY		WORK AT WORK	1			
As. SURIAL CREMA- 106N. REMOVAL (Specify) Duras As. SURIAL CREMA- 106N. REMOVAL (Specify) Duras As. SURIAL CREMA- 106N. REMOVAL (Specify) Duras Pelv. 2-56 Lewis Cametery Paluski County Mo.	· A -						
buraal Feb. 2-56 Lewis Cometery Paluski County Mo.	NATURE	M			la m		DATE SIGNED
burnal Feb. 2-56 Lewis Cometery Paluski County Mo.	IAL CEREMA 24	24b. DATE	24c. NAME OF CEMETER	Y OR CREMATORY	24d. LOCATION (OILY,	town, or county)	(State)
	MOVAL (Speedfy)	1Feb. 2 =	56 Lewis Come	terv	Paluski Cou	nty Mo.	•
DATE REC'D BY LOCAL DEGISTRAR'S SIGNATURE 458 +25, FUNERAL DI RECTOR'S SIGNATURE ADDRESS	C'D BY LOCAL DE						\$ /
2-11-56 Vela and malisone Jah & Suppor Haitu	-56 7/	Inla D	mi malleon	1 Jahr	Surpas	- Hactu	elle to.

Date Filed - See
andmult ell?
Dulaski County Haalth Offices
98-11-18 GENER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embala by me, or by, Student Embalmer No.......

working under my personal supervision..

P. O. Address Spring

• •

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