

FILED MAY 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13579

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1781

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Dornphan	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)	c. LENGTH OF STAY (in this place) township) D. O. A.	c. CITY OR TOWN Wathena	d. Is 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 St. Lukes Hospital		e. STREET ADDRESS (If rural, give location) ---	

3. NAME OF DECEASED (Type or Print)	a. (First) RALPH	b. (Middle) CHARLES	c. (Last) YOUNG	4. DATE OF DEATH (Month) (Day) (Year) April 22, 1956
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 12-2-1956	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) machine Operator	10b. KIND OF BUSINESS OR INDUSTRY Corps of Engineers	11. BIRTHPLACE (City and State or Foreign Country) Troy, Kansas	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Elmer Young	13b. MOTHER'S MAIDEN NAME Lelah Foster	14. NAME OF HUSBAND OR WIFE Cleola Young
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. 513-03-1516	17. INFORMANT'S SIGNATURE OR NAME Harman Funeral Home - Wathena, Kansas	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.M.S. Hemorrhage (Into Pons)		INTERVAL BETWEEN ONSET AND DEATH unknown about 3 months 88100 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1) Fracture Gyroma left 2, 9, 10, 11 ribs 3) Greater Trochanter, left DUE TO (c) 4) contusion & abrasion, multiple		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Country road	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Andrew Missouri
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 2 '56 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Panel truck he was driving was struck by a train
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22. I hereby certify that I attended the deceased from **Feb 2, 1956**, to **4-22, 1956**, that I last saw the deceased alive on **4-22, 1956**, and that death occurred at **3:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. H. Butler (Degree or title) M.D.	23b. ADDRESS Thompson-Brumm-Knepper Clinic St. Joseph, Missouri	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 22, 1956	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Wathena Kansas
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DATE REC'D BY LOCAL REG. 4-24-56	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure Und. Co. Kansas City, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Elmer D. Trigg*

Licensed Embalmer No. *481*

P. O. Address *Kansas City*

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.