

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15578
STATE FILE NUMBER

FILED JUN 4 1956 Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Rest Home Life		d. STREET ADDRESS (If outside, give location) 209 Fourth Ave.	

3. NAME OF DECEASED (Type or print) First MIDDLE Last FRED EUGENE YOUNG			4. DATE OF DEATH Month Day Year May 29, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 1, 1915	9. AGE (In years last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Machinist		10b. KIND OF BUSINESS OR INDUSTRY Machinist		11. BIRTHPLACE (City and state or country) Boone County, Missouri.	
13. FATHER'S NAME Orin T. Young			14. MOTHER'S MAIDEN NAME Myrtie Phillippe		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 486-12-2463		17. INFORMANT Mrs. Fred E. Young, Columbia, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Retraction of jaw - complete obstruction of airway DUE TO (b) Rheumatoid arthritis - 10-year DUE TO (c) almost complete immobilization of all joints		INTERVAL BETWEEN ONSET AND DEATH 10-year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE. CONDITION GIVEN IN PART (b) 7220		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)			
20c. TIME OF INJURY Hour . Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1946 to 2024 29 1956 and last saw him alive on May 24, 1956 Death occurred at 6:45 AM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE James G. Parker, M.D.		22b. ADDRESS Columbia, Missouri		22c. DATE SIGNED May 31, 1956	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 31, 1956		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
		23d. LOCATION (City, town, or county) Columbia, Missouri.		(State)	
24. FUNERAL DIRECTOR Parker Funeral Service, Columbia, Mo.		25. DATE RECD. BY LOCAL REG. May 31 1956		26. REGISTRAR'S SIGNATURE Mrs R E Palmer	

(Licensed Embalmer's Statement on Reverse Side)

-USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1931

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by [Signature], Student Embalmer No. 5 working under my personal supervision..

Student [Signature]
Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 4

P. O. Address Alameda

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.