No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19544

FILED JUL 5 1956

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4035 Registrar's No. 89

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

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rockville
c. LENGTH OF STAY (in this place) 25 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) within city limits, Rockville, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rockville
d. STREET ADDRESS (If rural, give location) -------

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) James c. (Last) Young

4. DATE OF DEATH (Month) (Day) (Year) June-25-1956

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Mar.-5-1902
9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Rockville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Clarence Young
13b. MOTHER'S MAIDEN NAME Grace Mc Mannus
14. NAME OF HUSBAND OR WIFE Pauline Young

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. 492-14-3589
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Young, Rockville, 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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Huntingtons Chorea — INTERVAL BETWEEN ONSET AND DEATH 13 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Nephritis (chronic) — 3 yrs.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION none Performed 355X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/20, 1945, *to* 6/25, 1956, *that I last saw the deceased alive on* 6/25, 1956, *and that death occurred at* 6:20 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. O. Bjerke, D.O.
23b. ADDRESS Rockville, Mo.
23c. DATE SIGNED 6/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June-27-1956
24c. NAME OF CEMETERY OR CREMATORY Rockville Cemetery
24d. LOCATION (City, town, or county) (State) Rockville, Missouri

DATE REC'D BY LOCAL REG. June-26-1956
REGISTRAR'S SIGNATURE Kendall Kirsey
25. FUNERAL DIRECTOR'S SIGNATURE Melvin L. Janssen ADDRESS Appleton City

(Licensed Embalmer's Statement on Reverse Side)

17-8

JUL 9 1959

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 .....
Student Embalmer

Signed Melvin L. Jansson

Licensed Embalmer No. 4529

P. O. Address Appleton City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.