

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED AUG 20 1956

State File No. **27425**

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **15590** Registrar's No. **55**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)	
a. COUNTY <i>Jefferson</i>	b. CITY (If outside corporate limits, write RURAL and give township) <i>Morse Mill</i>	a. STATE <i>Missouri</i>	b. COUNTY <i>Jefferson</i>
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <i>Morse Mill</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>D 500</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Henry</i>	b. (Middle) <i>C</i>	c. (Last) <i>Young</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Aug. 1. 1956</i>
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5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>March 9, 1875</i>	9. AGE (In years last birthday) <i>81</i>	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Salesman</i>	11. BIRTHPLACE (State or foreign country) <i>Collierville, Tenn.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Henry Young</i>	13b. MOTHER'S MAIDEN NAME <i>Brooks</i>	14. NAME OF HUSBAND OR WIFE <i>Carrie J. Young Dittmer, Missouri</i>
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15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <i>Carrie J. Young, Dittmer, Missouri</i>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary thrombosis</i>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <i>4201</i>
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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?
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22. I hereby certify that I attended the deceased from *Jan 1st, 1956*, **to** *Aug. 1, 1956*, **that I last saw the deceased alive on** *Aug. 1, 1956*, **and that death occurred at** *4:48 P.M.*, **from the causes and on the date stated above.**

23a. SIGNATURE <i>Thomas B. Edwards, M.D.</i>	(Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Edgar Hill, Mo</i>	23c. DATE SIGNED <i>8/1/56</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24b. DATE <i>Aug 4, 1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>
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DATE REC'D BY LOCAL REG. <i>8-16-56</i>	REGISTRAR'S SIGNATURE <i>Carl E. Rice, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>John L. Ziegenhein & Sons</i>	ADDRESS <i>7027 Gravois</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

JEFFERSON COUNTY HEALTH DEPT,
HILLSBORO, MISSOURI

DATE RECEIVED

AUG 18 1956

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

Donald E. Benig

Licensed Embalmer No. 7853

P. O. Address 7027 Hoover

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

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