

No. 300
10.48

FILED SEP 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27460

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. LENGTH OF STAY (in this place) 6 days	c. CITY OR TOWN Linn Creek
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		1501	

3. NAME OF DECEASED (Type or Print) a. (First) Frank	b. (Middle) Carleton	c. (Last) Young	4. DATE OF DEATH (Month) (Day) (Year) August 30, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 10, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) electrician		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 71
		11. BIRTHPLACE (City and State or Foreign Country) Massillon, Ohio	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Young	13b. MOTHER'S MAIDEN NAME Jennie Francis	14. NAME OF HUSBAND OR WIFE Lillian Young
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 323-07-8322A	17. INFORMANT'S SIGNATURE OR NAME Lillian Young ADDRESS Linn Creek, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma, generalized		INTERVAL BETWEEN ONSET AND DEATH 8 mos
	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 1952 to Aug 30, 1956 that I last saw the deceased alive on Aug. 29, 1956, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 8/31/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal	24b. DATE Sept. 1, 1956	24c. NAME OF CEMETERY OR CREMATORY Unknown	24d. LOCATION (City, town, or county) (State) Fort Wayne, Indiana
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DATE REC'D BY LOCAL REG. 8-31-1956	REGISTRAR'S SIGNATURE Hella L. Day	25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Hedges Funeral Home Camden, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4240

SEP 12 1956

Received 9-10-56
Laclede County Health Unit
File No. 150
Date Filed 9-10-56

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 Clarence Thomas

Licensed Embalmer No. 4794

P. O. Address Waynesville

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.