

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29526

State File No.

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 137

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| 1. PLACE OF DEATH a. COUNTY <u>Saline</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall</u> | | c. LENGTH OF STAY (in this place) <u>11 months</u> | c. CITY OR TOWN <u>Marshall</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>708 East Yerby</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | e. STREET ADDRESS (If rural, give location) <u>708 East Yerby</u> | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Steven</u> | b. (Middle) | c. (Last) <u>Young</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 27th 1956</u> |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 14, 1866</u> | 9. AGE (In years last birthday) <u>90</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>13</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |

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| 13a. FATHER'S NAME <u>William E. Young</u> | 13b. MOTHER'S MAIDEN NAME <u>Henrietta McCullins</u> | 14. NAME OF HUSBAND OR WIFE <u>-----</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Claude E. Williams</u> | ADDRESS <u>722 Troost, K.C. Mo</u> |
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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) <u>Cerebral Hemorrhage</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u> |
| | 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. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | 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) | 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 Made in investigation 8-27-56, 1956, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:24 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>C.L. Lawless M.D. Coroner Saline</u> | (Degree or title) <u>Marshall Mo</u> | 23b. ADDRESS | 23c. DATE SIGNED <u>8-27-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Aug. 28, 1956</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Miami cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Miami, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Aug-28-56</u> | REGISTRAR'S SIGNATURE <u>Cecil L. Reed</u> | 25 FUNERAL DIRECTOR'S SIGNATURE <u>Campbell Lewis</u> | ADDRESS <u>Marshall, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

529

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..... *RW Campbell Jr.*.....

Licensed Embalmer No. *346*.....

P. O. Address *Marshall*.....

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.