

FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33800**

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3035 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY <u>Navarro</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Navarro</u>	
b. CITY OR TOWN <u>West Plains</u>	c. LENGTH OF STAY (in this place) <u>12 yrs</u>	c. CITY OR TOWN <u>West Plains</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>S. Sieberbs</u> <u>04610</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Reuben</u> b. (Middle) <u>Jefferson</u> c. (Last) <u>Young</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10-10-56</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>8-26-1881</u>	9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u> IF UNDER 24 HRS. Hours <u>14</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State, or Foreign Country) <u>Navarro Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Al Young</u>	13b. MOTHER'S MAIDEN NAME <u>Rhena McJail</u>	14. NAME OF HUSBAND OR WIFE <u>Rhena McJail Young</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes</u>	16. SOCIAL SECURITY NO. <u>yes</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Navarro Young West Plains Mo</u>	ADDRESS <u>West Plains 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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 HOURS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HYPERTENSION, ESSENTIAL</u>		
	DUE TO (c) <u>HYPERTENSIVE CARDIOVASCULAR Dts.</u>		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>SENILITY</u>			

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) _____	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 2-8, 1954 to 10-10, 1956 that I last saw the deceased alive on 10-8, 1956 and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack P. Wiles, M.D.</u> (Degree or title)	23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>10-23-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>10-14-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-31-56</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robertson, West Plains Mo</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 *H. S. Roberts*

Licensed Embalmer No. *343*

P. O. Address *West Hill*

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.