

FILED NOV 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34986

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 4406 Registrar's No. 388

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Greenridge</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. CITY OR TOWN <u>Windsor</u> ⁴²⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If outside, give location) <u>605 E. Benton</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>Billy</u> ^{First} <u>Gene</u> ^{Middle} <u>Young</u> ^{Last}				4. DATE OF DEATH <u>10 26 1956</u> Month Day Year			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>11-7-37</u> 18 Months 11 Days 19 Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>lineman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone Co.</u>			
11. BIRTHPLACE (City and state or country) <u>Windsor, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13. FATHER'S NAME <u>Dutch Young</u>				14. MOTHER'S MAIDEN NAME <u>Dolly Cochran</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>NOT GIVEN</u>		17. INFORMANT <u>Peggy Young</u> Address <u>Windsor, Mo.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Respiratory Paralysis</u> DUE TO (b) <u>Electrocution - 7200 volts</u> DUE TO (c) <u>9145</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Contact burns on left hand and left thigh.</u> 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I, except item 18) <u>Accidentally contacted 7200 volt power line while working as telephone lineman.</u>					
20c. TIME OF INJURY <u>10:30</u> a. m. <u>10-26-56</u>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>on street in Greenridge, Mo.</u>					
20e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Windsor</u> COUNTY <u>Pettis</u> STATE <u>Mo</u>					
21. <u>found the body of the deceased as deputy coroner of Pettis County</u> Death occurred at <u>10:30 A. M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>J. M. Rodman M.D. Deputy Coroner</u>				22b. ADDRESS <u>London Bldg. Sedalia, Mo.</u>		22c. DATE SIGNED <u>10-26-56</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-28-56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Gravel Oak</u>		23d. LOCATION (City, town, or county) (State) <u>Windsor, Mo.</u>	
24. FUNERAL DIRECTOR <u>Ellis Huston, Windsor, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>October 29, 1956</u>		26. REGISTRAR'S SIGNATURE <u>Laurie County, Deputy</u>	

(Licensed Embalmer's Statement on Reverse Side)

APR 28 1964

DEC 18 1962

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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 Ellen M. Kustow

Licensed Embalmer No. 3

P.O. Address Windsor

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.