

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED NOV 30 1956

Registration District No. 325

Primary Registration District No. 4480

Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Schuyler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Schuyler		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Greentop		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greentop		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at Family Home		Length of stay in 1b yrs	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Wiley Lee Young			4. DATE OF DEATH Month Day Year Nov. 7, 1956		
5. SEX M <input type="radio"/> F <input type="radio"/>	6. COLOR OR RACE W <input type="radio"/> O <input type="radio"/>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 25, 1867	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Banker		10b. KIND OF BUSINESS OR INDUSTRY Bank	11. BIRTHPLACE (City and state or country) Schuyler County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Young			14. MOTHER'S MAIDEN NAME Louisa Hodges		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. X	17. INFORMANT Lucy Young, Greentop, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>subdural Hemorrhage</i> DUE TO (b) <i>Peripheral circulatory failure</i> DUE TO (c) <i>Atherosclerotic heart disease - Coronary sclerosis</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4200					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) None			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 7:30 a. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 10-13-54 to 11-7-56 and last saw him alive on 11-7-56 Death occurred at 8:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Frank Bond</i> (Degree or title) DR			22b. ADDRESS Greentop, Mo.		22c. DATE SIGNED 11-10-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/10/56	23c. NAME OF CEMETERY OR CREMATORY Greentop Cemetery		23d. LOCATION (City, town, or county) (State) Greentop, Mo.	
24. FUNERAL DIRECTOR <i>Paul Wiley</i>		ADDRESS Kirksville, Mo.	25. DATE RECD. BY LOCAL REG. 11.10.56	26. REGISTRAR'S SIGNATURE <i>Mrs. Ruf. Drake</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Director, coroner, etc. must see only natural diseases in Part I must be causally related.

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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 *Leipzig W. Davalet*

Licensed Embalmer No. *47*

P. O. Address *Kirkland*

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.