

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **44601**

No. 300
10.48

FILED JAN 7 1957

BIRTH NO. _____ REG. DIST. NO. **371** PRIMARY REG. DIST. NO. **6259** Registrar's No. **8**

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

1. PLACE OF DEATH a. COUNTY Webster		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Webster	
b. CITY OR TOWN Rogersville Rural		c. CITY OR TOWN Rogersville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) R#1 E. Benton Jwp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Sam b. (Middle) — c. (Last) YOUNG		4. DATE OF DEATH (Month) (Day) (Year) 12 9 56	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 1, 1901
9. AGE (In years last birthday) 49		10. UNDER 1 YEAR Months	11. UNDER 2 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) ARKANSAS
12. CITIZEN OF WHAT COUNTRY? USA.			
13a. FATHER'S NAME ISAAC YOUNG		13b. MOTHER'S MAIDEN NAME MARY Teague	14. NAME OF HUSBAND OR WIFE Decie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Decie Young		ADDRESS Rogersville, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Chronic Hypertension		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH Months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hypertension		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — DUE TO (c) —	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Paralysis lower leg Personal left 1955 - probably result of thrombosis	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) 4222
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-20- , 19 56 , to 12-9- , 19 56 , that I last saw the deceased alive on 3-20-56 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE J. Newton Wademan, M.D. (Degree or title)		23b. ADDRESS Springfield Mo	23c. DATE SIGNED 12-13-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-12-56	24c. NAME OF CEMETERY OR CREMATOR Galloway Cem.	24d. LOCATION (City, town, or county) (State) Springfield Mo. R 3
DATE REC'D BY LOCAL REG. 1-4-57	REGISTRAR'S SIGNATURE Opal M. Good	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. C. Ferrell Rogersville Mo	

(Licensed Embalmer's Statement on Reverse Side)

34-2-D

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 *J. M. K. Lenthall*

Licensed Embalmer No. *4910*

P. O. Address *Regina, N.S.*

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.