

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 11 1957

State File No. **7558**

BIRTH NO. _____ REG. DIST. NO. **27** PRIMARY REG. DIST. NO. **4035** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Bates County		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Bates	
b. CITY OR TOWN Rockville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rockville	
c. LENGTH OF STAY (in this place) 20 yrs.		d. STREET ADDRESS (If rural, give location) 0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION — Residence			

3. NAME OF DECEASED (Type or Print) a. (First) Clarence b. (Middle) Dale c. (Last) Young			4. DATE OF DEATH (Month) (Day) (Year) Mar. - 22 - 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. - 30 - 1873	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY (retired)		11. BIRTHPLACE (State or foreign country) 0 Vandalia, Mo	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Abe Young		13b. MOTHER'S MAIDEN NAME Heneretta Brown	

14. NAME OF HUSBAND OR WIFE —		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pauline Robinson 3934 N. Cleveland Kansas City, Mo					

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Sclerosis		ANTECEDENT CAUSES arteriosclerosis		1 mo.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) _____		10 yrs.	
		DUE TO (c) _____		2 mo.	
II. OTHER SIGNIFICANT CONDITIONS Gangrene of feet		Conditions contributing to the death but not related to the disease or condition causing death.		2 mo.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none performed		20. AUTOPSY? 2 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)	
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?	

22. I hereby certify that I attended the deceased from **2/10**, 19**55**, to **3/22**, 19**57**, that I last saw the deceased alive on **3/21**, 19**57**, and that death occurred at **8:04 Am.**, from the causes and on the date stated above.

23a. SIGNATURE M. O. Burke, P.O.		23b. ADDRESS Rockville, Mo.		23c. DATE SIGNED 3/23/57	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. - 24 - 1957		24c. NAME OF CEMETERY OR CREMATORY Rockville Cemetery	
				24d. LOCATION (City, town, or county) (State) Rockville Mo.	

DATE REC'D BY LOCAL REG. 3-23-57		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melvin L. Lussens Appleton City	
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(Licensed Embalmer's Statement on Reverse Side)

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

17-0

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
Student-Embalmer

Signed Melvin L. Janssens

Licensed Embalmer No. 4529

P. O. Address Appleton City

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 this body is not embalmed, fact should be so stated above.