

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12863

State File No. _____

FILED APR 22 1957

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5452 Registrar's No. 340-A

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ASH GROVE</u>		c. CITY OR TOWN <u>ASH GROVE</u>	d. 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) <u>MANY YEARS</u>		e. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>FARMER'S EXCHANGE</u>			

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3. NAME OF DECEASED (Type or Print) a. (First) <u>ROBERT</u> b. (Middle) <u>ALLEN</u> c. (Last) <u>YOUNTS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4-1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>FEB 21-1885</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>JASPER, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>JOHN YOUNTS</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA S. GIBSON</u>	14. NAME OF HUSBAND OR WIFE <u>RACHEL YOUNTS</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-17-8122</u>	17. INFORMANT'S SIGNATURE OR NAME <u>RACHEL YOUNTS - ASHGROVE - Mo.</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY THROMBOSIS</u>		
	DUE TO (c) <u>BACTERIAL ENDOCARDITIS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) _____
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 July, 1951, to April 4, 1957, that I last saw the deceased alive on April 4, 1957, and that death occurred at 2:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A.T. Staeger Do</u>	23b. ADDRESS <u>Ash Grove Mo</u>	23c. DATE SIGNED <u>4-5-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 6-1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shiloh Brook Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Evartson - Missouri</u>
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DATE REC'D BY LOCAL REG. <u>4-17-57</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Brown - Daniel - Ash Grove Mo.</u>	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Joseph L. Samuel
.....
Licensed Embalmer No. *4702*

P. O. Address *Apch Grove*.....

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.