

FILED SEP 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28969

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>355</u>	
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>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (In this place) <u>4 1/2 hours</u>		c. CITY OR TOWN <u>Sedalia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Route 4, Georgetown</u>			
3. NAME OF DECEASED (Type or Print) <u>FRED</u>		a. (First) <u>D.</u> b. (Middle) <u>YOUNG</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>August 24, 1957</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 27, 1882</u>	
9. AGE (In years last birthday) <u>75</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, specify retired) <u>Contractor Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Bldg.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>DeCloud County, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dan W. Young</u>		13b. MOTHER'S MAIDEN NAME <u>Kitty Young</u>		14. NAME OF HUSBAND OR WIFE <u>Eva Maloney Young</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>491-07-7528</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. T.M. Reid, Independence, Mo.</u>			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES <u>hypertension</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>arterio-sclerosis</u> DUE TO (c) <u>senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senility</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2 hrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331X		20. AUTOPSY? <u>2</u> 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) (Min.)		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 <u>Jan 3, 1957</u> to <u>Aug. 24, 1957</u> , that I last saw the deceased alive on <u>Aug. 24, 1957</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. L. Hefner DO</u>		23b. ADDRESS <u>1116 West Third, Sedalia, Mo.</u>		23c. DATE SIGNED <u>8/24/57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/26/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-26-57</u>		REGISTRAR'S SIGNATURE <u>Frances A. Leiby</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sedalia, Mo.</u>			

(Licensed Embalmers Statement on Reverse Side)

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

541

FEB 18 1958

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 *R. E. Baker*

Licensed Embalmer No. *2419*

P. O. Address *Sedalia*

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.