

FILED SEP 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH30723
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY Barton			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Length of stay in 1b 8 days	d. STREET ADDRESS (If outside, give location) 1008 Grand		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last ADDIE ELIZABETH YOUNG			4. DATE OF DEATH Month Day Year Sept 13 1957			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 20 1860	9. AGE (In years last birthday) 97	10. FUNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Waymouth, Nova Scotia		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME James C. O'Brien		13b. MOTHER'S MAIDEN NAME Catherine Flood		14. NAME OF HUSBAND OR WIFE William F. Young		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) NO XXX		16. SOCIAL SECURITY NO. XXX	17. INFORMANT Address Ed F. Young, Lamar, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro-Intestinal Hemorrhage C.U.D.					INTERVAL BETWEEN ONSET AND DEATH Sept 5, 1957	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio-sclerotic Heart Disease 578X					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT <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 Feb. 11, 1955 to Sept. 13, 1957 and last saw her alive on Sept. 13, 57 Death occurred at 11:00 a.m. on the date stated above; and to the best of my knowledge from the causes stated.						
22a. SIGNATURE John T. Beckel, M.D.			22b. ADDRESS Lamar, Mo.		22c. DATE SIGNED 9/13/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Sept 15 1957	23c. NAME OF CEMETERY OR CREMATORY Lake		23d. LOCATION (City, town, or county) (State) Lamar, Missouri		
24. FUNERAL DIRECTOR Konantz Funeral Home, Lamar, Missouri		ADDRESS	25. DATE RECD. BY LOCAL REG. SEP 14 '57	26. REGISTRAR'S SIGNATURE Marie Konantz		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All 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 *Norman L. Thompson*

Licensed Embalmer No. *4816*

P. O. Address *Lamar, Mo.*

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.