

Health, Welfare, Public Service

FILED SEP 19 1957

STANDARD CERTIFICATE OF DEATH

31010 STATE FILE NUMBER  
Registration District No. 43 Primary Registration District No. 5142 Registrar's No. 545

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b> c. CITY OR TOWN <b>Neelyville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Neelyville Twp.</b>		c. CITY OR TOWN <b>Neelyville</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2 mi. S. E.</b>		Length of stay in lb years	d. STREET ADDRESS (If outside, give location) <b>Rt. #1 Neelyville</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>RICHARD</b> Middle <b>YOUNG</b> Last <b>YOUNG</b>			4. DATE OF DEATH <b>Aug. 30, 1957</b> Month <b>Aug.</b> Day <b>30</b> Year <b>1957</b>		
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5. SEX <b>male 2</b>	6. COLOR OR RACE <b>colored</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 22, 1889</b>	9. AGE (In years last birthday) <b>68</b>	IF UNDER 1 YEAR Months <b>68</b> Days <b>68</b>	IF UNDER 24 HRS. Hours <b>68</b> Min. <b>68</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Yazoo City, Miss.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Richard Young</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Cinda Young</b>
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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) <b>yes W. War #1</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT Address <b>Cinda Young Neelyville, Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>about 5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Cerebral Arteriosclerosis</b>		
DUE TO (c) _____		<b>Unknown</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331x</b>		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.)
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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
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21. I attended the deceased from <b>Aug. 11, 1957</b> to <b>Aug. 30, 1957</b> and last saw <sup>her</sup> alive on <b>Aug. 30, 1957</b> Death occurred at <b>11 p.</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <b>J. L. Smith</b> (Degree or title) <b>MD. 2</b>	22b. ADDRESS <b>Neelyville, Mo.</b>	22c. DATE SIGNED <b>9-5-57</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/8/1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Friendship Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Neelyville, Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>Gene H. Parrent Naylor, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>9/2/57</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED  
SEP 16 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

SEP 19 1957

SEP 23 1957

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 Gene H. Parent

Licensed Embalmer No. 4809

P. O. Address Naylor, N.

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.