. Health,
& Welfare
. Public
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REG. NO. 14387

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34997

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 678

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): POPLAR BLUFF — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VETERANS ADM. HOSPITAL — Length of stay in 1b: 154 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: MADISON
c. CITY OR TOWN: MARQUAND — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): NONE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: IRVIN Middle: (NMI) Last: YOUNT

4. DATE OF DEATH Month: OCTOBER Day: 30 Year: 1957

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARITAL STATUS: MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH: 1-18-94

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MARKER FOR RWY. EXPRESS AGENCY

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (City and state or country): IRON COUNTY, MISSOURI

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: CHARLES YOUNT

13b. MOTHER'S MAIDEN NAME: ELLEN LANDLORD

14. NAME OF HUSBAND OR WIFE: MYRTLE YOUNT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT: VA HOSPITAL RECORDS Address: POPLAR BLUFF, MO.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ENCEPHALOMALACIA — INTERVAL BETWEEN ONSET AND DEATH: 6 Months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) CEREBRAL ARTERIOSCLEROSIS
DUE TO (c) DWD
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 332X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] NO

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] VA

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 May 29, 1957, to October 30, 1957. Death occurred at 3:40 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Robert S. Cohen
ROBERT S. COHEN, M.D., Chief, Med. Svc.

22b. ADDRESS: VA HOSPITAL, POPLAR BLUFF, MO.

22c. DATE SIGNED: 10/31/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: 11-2-57.

23c. NAME OF CEMETERY OR CREMATORY: MASONIC

23d. LOCATION (City, town, or county) (State): POTOSI - MO.

24. FUNERAL DIRECTOR: ADAMSON-WEBB

ADDRESS: FREDERICKTOWN

25. DATE RECD. BY LOCAL REG.: 11/6/57

26. REGISTRAR'S SIGNATURE: D. H. Mueller By

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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RECEIVED
NOV 12 1957
BUTLER CO. HEALTH CENTER
FILE No._____

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 ..... Signed Raymond B. Wilson
Signature of Student Embalmer

Licensed Embalmer No. 4884
P. O. Address Fredericktown

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.