

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

40114

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 664

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>HENRY</u>	
b. CITY OR TOWN <u>WINDSOR, MISSOURI</u>		c. CITY OR TOWN <u>WINDSOR</u>	d. Is 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>2 yr</u>		e. STREET ADDRESS (If rural, give location) <u>300 EAST JACKSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WINDSOR HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>EMMA</u>	b. (Middle) <u>ETHEL</u>	c. (Last) <u>YOUNG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 9 1957</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>AUGUST 25-1878</u>	9. AGE (In years last birthday) <u>79</u>	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) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>BENTON, CO. MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>JOHN MILLEK</u>	13b. MOTHER'S MAIDEN NAME <u>ADA SWINDELL</u>	14. NAME OF HUSBAND OR WIFE <u>JOHN F YOUNG</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ralph Dyer</u>	ADDRESS <u>RR 2, Sedalia, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>24 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Old Age</u>		<u>years</u> <u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obstruction of Peptic Ulcer</u>		<u>5 years</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>4201</u> _____
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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? _____
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22. I hereby certify that I attended the deceased from 14 Nov, 1957, to 9 Dec, 1957, that I last saw the deceased alive on 8 Dec, 1957, and that death occurred at 6:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>William Smith MD</u>	(Date by title) _____	23b. ADDRESS <u>Windsor, Mo.</u>	23c. DATE SIGNED <u>12/9/57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/18/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-11-57</u>	REGISTRAR'S SIGNATURE <u>Viildred Bigum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Housey Funeral Home</u>	ADDRESS <u>Calhoun, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

521

8961 8 NW1  
JAN 8 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..... *Robert L. Dunning* .....

Licensed Embalmer No. *4310* .....

P. O. Address *Clinton* .....

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.