

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

94532-57

2384

FILED JAN 16 1958

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Pulaski .				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waynesville, Missouri				c. CITY OR TOWN Waynesville, Mo. 0810			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Way. Gen. Hosp.				d. STREET ADDRESS Star. Rt. #			
3. NAME OF DECEASED (Type or print) First Rebecca Middle Christine Last Young.				4. DATE OF DEATH Month 1 Day 2 Year 1958			
5. SEX Female /		6. COLOR OR RACE White.		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 25, 1957	
9. AGE (In years last birthday) 8 days		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -----				10b. KIND OF BUSINESS OR INDUSTRY -----			
11. BIRTHPLACE (City and state or country) Waynesville, Mo.				12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Kenneth Almon Young.				14. MOTHER'S MAIDEN NAME Emma Kinsworthy.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----				16. SOCIAL SECURITY NO. -----			
17. INFORMANT Kenneth Almon Young				Address Way. Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hyaline Membrane</u> DUE TO (b) <u>aspiration of amniotic fluid</u> DUE TO (c) ----- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) -----							INTERVAL BETWEEN ONSET AND DEATH 8 Days
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.) 7620			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <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 12-25-57 to 1-2-58 and last saw her alive on 1-2-58 Death occurred at 3:00 P. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE R.D. Stewart DO 2				22b. ADDRESS Waynesville, Missouri			
22c. DATE SIGNED 1-3-58							
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1/3/58		23c. NAME OF CEMETERY OR CREMATORY Centorpoint Cemotory		23d. LOCATION (City, town, or county) (State) Richland, Mo Rural Rt.	
24. FUNERAL DIRECTOR Hedges Funeral Home Richland, Mo				25. DATE RECD. BY LOCAL REG. 1-3-58			
26. REGISTRAR'S SIGNATURE							

(Licensed Embalmer's Statement on Reverse Side)

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..... *Clarence Moss*

Licensed Embalmer No. *489*

P. O. Address *Waynesville*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (It is
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.