

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **4147**  
Registration District No. **337** Primary Registration District No. **4499** Registrar's No. **10**

FILED FEB 3 1958

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Shelby</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Shelby</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Shelbina</b>		c. CITY OR TOWN <b>Shelbina</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>Leta</b> Middle <b>Blackford</b> Last <b>Young</b>		Month <b>Jan.</b> Day <b>27</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</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>Nov. 9, 1877</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	9. AGE (In years last birthday) <b>80</b>
10c. CITIZENSHIP (If not U.S. citizen, give country) <b>U.S.A.</b>		11. BIRTHPLACE (City and state or country) <b>Shelby County, Mo.</b>	
13a. FATHER'S NAME <b>James H. Blackford</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth A. Finney</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Mrs. Ernest Hamilton, Shelbina, Mo.</b>		14. NAME OF HUSBAND OR WIFE <b>Charles W. Young</b>	
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>Jan 22 - Jan 27</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension &amp; arteriosclerosis</b>		<b>Nov. 18 - 1955 Jan 21/58</b>	
DUE TO (c) <b>Chronic auricular fibrillation</b>		<b>Feb. 1956.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) <b>443X</b>	
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 <b>Nov 18, 1955</b> to <b>Jan 27, 1958</b> and last saw her alive on <b>Jan 26, 1958</b> Death occurred at <b>4445 A.</b> in on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>Lady Dancer</b> (Degree or title)	
22b. ADDRESS <b>Shelbina, Missouri</b>		22c. DATE SIGNED <b>Jan 30, 1958</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/29/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shelbina Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Shelbina, Missouri</b>
24. FUNERAL DIRECTOR <b>Hayes Funeral Home, Shelbina, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>1-30-58</b>	26. REGISTRAR'S SIGNATURE <b>Ada Garrison</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Paul E. Hughes* .....

Licensed Embalmer No. .... *4461* .....  
P. O. Address *Shelburne* .....

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.