

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013197  
STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 17 Primary Registration District No. 3005 Registrar's No. 635

300  
-1-57  
0710

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> <u>0070</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Butler</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rich Hill</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Butler Memorial</u>		Length of stay in 1b <u>27 hrs</u>	d. STREET ADDRESS (If outside, give location) <u>2nd. &amp; Pine St.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>WILLIAM LESLIE YOUNG</u>			4. DATE OF DEATH Month Day Year <u>April 13 1958</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 15 1872</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miller</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>flour mill</u>	9. AGE (In years last birthday) <u>86</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A?</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>flour mill</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A?</u>
11. BIRTHPLACE (City and state or country) <u>Saline County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A?</u>	
13a. FATHER'S NAME <u>William E. Young</u>		13b. MOTHER'S MAIDEN NAME <u>Henryetta McCubbin</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Young</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Spanish-American</u>		16. SOCIAL SECURITY NO. <u>490-16-2692</u>	17. INFORMANT <u>4920 Garfield Mrs Myrtle Scott-Kansas City, Mo.</u>
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>Perforated Gastric ulcer</u>			INTERVAL BETWEEN ONSET AND DEATH <u>31 hrs.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			<u>5401</u>
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <u>oct. 1952</u> to <u>april 13, 1958</u> and last saw him alive on <u>april 12, 1958</u> Death occurred at <u>6:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Thomas F. Boyd D.O.</u>		22b. ADDRESS <u>Rich Hill MO.</u>	22c. DATE SIGNED <u>4-15-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>4/16/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>
24. FUNERAL DIRECTOR <u>Booth Funeral Serv. Rich Hill, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>April 15 1958</u>	26. REGISTRAR'S SIGNATURE <u>Harold H. ...</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 25 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 D. Stumhal*

Licensed Embalmer No. *4657*  
P. O. Address... *Butler*

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.