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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-018956
STATE FILE NUMBER

FILED JUN 6 1958 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 140

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Chillicothe — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Chillicothe hospital — Length of stay in Ib: 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Livingston
c. CITY OR TOWN: Avalon, 0590 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): East part town. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: RUFUS Middle: RAYMOND Last: YOUNGS
4. DATE OF DEATH: Month: May Day: 26th Year: 1958
5. SEX: M
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: May 18, 1889
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months: 8 Days: 8 — IF UNDER 24 HRS.: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Rice County, Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Frank L. Youngs
13b. MOTHER'S MAIDEN NAME: Mary Galpin
14. NAME OF HUSBAND OR WIFE: Fern Marie Youngs
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 496-42-2407
17. INFORMANT: Mrs Fern Marie (Jamison) Youngs Address: Avalon, Missouri

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): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4222
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Congestive heart failure
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

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 [ ]
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 12-30-57 to 5-26-58 and last saw her/him alive on 5-26-58
Death occurred at 1 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Joseph F. Gale (Degree or title) M.D.
22b. ADDRESS: Chillicothe Mo
22c. DATE SIGNED: 5-28-58.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 28, 1958
23c. NAME OF CEMETERY OR CREMATORY: Cameron Cemetery
23d. LOCATION (City, town, or county) (State): Hale, Missouri.

24. FUNERAL DIRECTOR: Clifford W. Austin F-H ADDRESS: Hale, Mo.
25. DATE RECD. BY LOCAL REG.: 5/31/58
26. REGISTRAR'S SIGNATURE: Francis B Neill

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Clifford W Austin

Licensed Embalmer No. 3233

P. O. Address Tina, Missouri

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.