

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022907
STATE FILE NUMBER

FILED JUN 23 1958

292

Registration District No.

Primary Registration District No.

4434

Registrar's No.

1. PLACE OF DEATH a. COUNTY Ralls,				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ralls,			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center, Missouri. Inside Limits Yes ☒ No ☐				c. CITY OR TOWN Center, Missouri. Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Center, Mo. Length of stay in 1b 6 Mo.				d. STREET ADDRESS (If outside, give location) Center, Mo.. Reside on Farm Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First GEORGE Middle JOHN Last YOUNGBLOOD.				4. DATE OF DEATH Month June Day 5, Year 1958			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐		8. DATE OF BIRTH Dec 31, 1889	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months 68		IF UNDER 24 HRS. Days 68 Hours 68 Min. 68			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.				10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Martinsberg, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME John Albert Youngblood.				14. MOTHER'S MAIDEN NAME Mary Elizabeth Youngblood.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address John Youngblood. Center, 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) MASSIVE INTESTINAL HEMORRHAGE PROBABLY DUE TO ULCER OF STOMACH Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Probable peptic ulcer recent right hemiplegia due to cerebral hemorrhage DUE TO (c) generalized arteriosclerosis: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 5400 INTERVAL BETWEEN ONSET AND DEATH 2 hours. 1 year 6 months							
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 6:45 Month, Day, Year 5/4/50							
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 Center, Mo.				20g. COUNTY Ralls STATE Missouri			
21. I attended the deceased from 5/4/50 to June 5, 1958 and last saw her alive on 6/5/58 Death occurred at 6:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Evan D. Perry M.D. (Degree or title)				22b. ADDRESS Vandalia, Missouri			
22c. DATE SIGNED 6-7-58							
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
Burial		6-8-1958		Wellsville Cemetery,		Wellsville, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Clyde C. Perry, Mo.				25. DATE RECD. BY LOCAL REG. 6-7-1958		26. REGISTRAR'S SIGNATURE Clyde C. Perry	

(Licensed Embalmer's Statement on Reverse Side)

300
1-56 /

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Clyde Wilkey*
Licensed Embalmer No. 3820

P. O. Address Perry, Mo.

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.