

S. Health,  
& Welfare  
S. Public  
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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024324  
STATE FILE NUMBER

FILED JUL 9 1958 Registration District No. 347 Primary Registration District No. 6165 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <b>Stone</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hurley</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Hurley 1040</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Residence</b>		Length of stay in 1b <b>91 years</b>	d. STREET ADDRESS (If outside, give location) <b>no street address</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>JAMES SAMUEL YOUNG</b>			4. DATE OF DEATH Month Day Year <b>June 19, 1958</b>		
5. SEX <b>Male</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>Aug. 4, 1866</b>	9. AGE (In years last birthday) <b>91</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during past of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. &amp; Farm</b>	11. BIRTHPLACE (City and state or country) <b>Hurley, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>Pleasant Hines Young</b>		13b. MOTHER'S MAIDEN NAME <b>Caroline Howard</b>		14. NAME OF HUSBAND OR WIFE <b>Nancy Ellen Wright</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 Address <b>Mrs. Cora Wilson, Crane, Missouri</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>Senility -</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____					343X
DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition (a) in PART I (a). <b>Paralysis both legs 12 years - Cause unknown (Myelitis)</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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 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 <b>July 14 46</b> to <b>June 19, 1958</b> and last saw her alive on <b>June 19, 1958</b> . Death occurred at <b>5:00 p.</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Name or title) <b>Dr. J. H. ...</b>			22b. ADDRESS <b>Crane, Mo.</b>		22c. DATE SIGNED <b>June 24 58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6/22/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Wrights Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Stone County, Missouri</b>
24. FUNERAL DIRECTOR <b>Dean Harris</b>		ADDRESS <b>Clever, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>June 27-58</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. J. Elmer Broseman</b> <i>per Lena Murray</i>	

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.

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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 *J. Sean Harris* .....

Licensed Embalmer No. *4390* .....

P. O. Address *Clever, 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.