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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026485

STATE FILE NUMBER

FILED JUL 28 1958

Administration District No.

274

Primary Registration District No. _____

3052

Registrar's No.

31

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia			Inside Limits Yes ☒ No ☐		c. CITY OR TOWN Sedalia		Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital			Length of stay in lb 150 Years		d. STREET ADDRESS (If outside, give location) Route # 2, Sedalia Twp.		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First GEORGE Middle SAMUEL Last YOUNG						4. DATE OF DEATH Month July Day 20 Year 1958	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ / DIVORCED ☐		8. DATE OF BIRTH Dec. 15, 1881	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired engineer		11. BIRTHPLACE (City and state or country) Holden, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George S. Young				13b. MOTHER'S MAIDEN NAME Estelle V. Hyatt		14. NAME OF HUSBAND OR WIFE Mrs. Minnie Young	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Minnie Young, Rt. 2, Sedalia, 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) Acute Congestive Heart Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive Cardio-Vascular Disease DUE TO (c) 443X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 3 hours 2 or 3 years	
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 ☐ Month, Day, Year ☐ a.m. ☐ p.m. ☐							
20d. INJURY OCCURRED WHILE AT ☐ 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 Sept 1957 to July 20 1958 and last saw him alive on July 20 1958 Death occurred at 939 on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) P. L. Walter M.D.				22b. ADDRESS Sedalia Mo		22c. DATE SIGNED 7-21-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7/23/1958		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) (State) Sedalia, Missouri	
24. FUNERAL DIRECTOR ADDRESS D. W. Heckart, Sedalia, Missouri				25. DATE RECD. BY LOCAL REG. July 22 1958		26. REGISTRAR'S SIGNATURE Francesa Kelby	

(Licensed Embolmer) Statement on Reverse Side

GILLESPIE FUNERAL HOME

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Russell C. Maag

Licensed Embalmer No...4804.....

P. O. Address...Sedalia, 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.