

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033820

STATE FILE NUMBER

FILED OCT 8 1958 Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 66

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY Putnam			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Putnam		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Unionville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		Length of stay in lb 5 yrs	d. STREET ADDRESS home		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Nora May Young			4. DATE OF DEATH Month Day Year Sept. 12, 1958		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 24, 1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 9 Days 18 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home work		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Putnam Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME William T. Christian		13b. MOTHER'S MAIDEN NAME Alice Valentine		14. NAME OF HUSBAND OR WIFE Ira Young	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address May Young-Unionville, 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) <i>B</i> <i>Diabetes Mellitus</i> DUE TO (b) <i>A</i> <i>Cerebral embolism</i> DUE TO (c) <i>260X</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 <i>Not known</i>
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 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 Death occurred at <i>2:10</i> <i>9-9-58</i> to <i>9-12-58</i> and last saw her <i>him</i> alive on <i>9-12-58</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>L.W. McDonald Do</i>			22b. ADDRESS <i>Unionville, Mo.</i>		22c. DATE SIGNED <i>9-15-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>B</i>	23b. DATE <i>9-14-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Unionville, Mo.</i>		23d. LOCATION (City, town, or county) (State) <i>Unionville, Mo.</i>	
24. FUNERAL DIRECTOR ADDRESS <i>F.O. Husted &amp; Son-Unionville, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>10-4-58</i>		26. REGISTRAR'S SIGNATURE <i>Marshall Durbin</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.

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 *Murt E. Husler* .....

Licensed Embalmer No. *3304* .....

P. O. Address *Monroe* .....

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.