

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035393

State File No.

FILED NOV 3 1958

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3002 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Barry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MONETT</u>	c. LENGTH OF STAY (in this place) <u>1</u>	c. CITY OR TOWN <u>0050</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>D.O.A. St. Vincents Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>Purdy, Mo. R#1</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Godfrey</u> c. (Last) <u>Young</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19 1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 13 1893</u>	9. AGE (in years last birthday) <u>65</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u> IF UNDER 12 HRS. Hours <u> </u> Min. <u> </u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Gulf oil</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>co Emp.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Westphalia Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John William Young</u>	13b. MOTHER'S MAIDEN NAME <u>Hannah E. Mather</u>	14. NAME OF HUSBAND OR WIFE <u>Francis Pearl Young</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World war I</u>	16. SOCIAL SECURITY NO. <u>442-01-5871</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Francis Pearl Young Purdy, Mo. R#1</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on and on arrival at hospital, and that death occurred at 10:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Mary Newman</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Cassville, Mo.</u>	23c. DATE SIGNED <u>10-21-58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-22-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Muncie Chapel Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Wheaton, Mo. Barry County</u>
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DATE REC'D BY LOCAL REG. <u>10-24-58</u>	REGISTRAR'S SIGNATURE <u>Mrs. P.N. Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Messers Co. Wheaton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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9961 7 7 AD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 1058-213

0001 7 7 AGH

DATE REC. 10-30-58

9961 9 100 SA

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 W. Morris Cogan

Licensed Embalmer No. 344

P. O. Address W. Morris Cogan

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.