THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004399
STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Mexico — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Audrain Hospital — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Mexico 0043 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 603 W. Maple St. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First JASPER Middle NEWTON YOUNG Last
4. DATE OF DEATH Month Feb. Day 13 Year 59

5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct. 8, 1899
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Fire Brick
11. BIRTHPLACE (City and state or country) Callaway Co. Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Frederick Young
13b. MOTHER'S MAIDEN NAME Isadora Haney
14. NAME OF HUSBAND OR WIFE Zelma Young

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. 498-03-6069
17. INFORMANT Mrs. James N. Young, Address Mexico, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Multiple infarctions (Visceral) — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Polycythemia — 3
DUE TO (c) Chronic Pulmonary disease (Silico Tuberculosis) — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 001X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 a.m. p.m. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from Dec 12-59, to Feb 13-59 and last saw ~~her~~ him alive on Feb 13-59
Death occurred at 3:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Howard D. Lawford (Degree or title) MD
22b. ADDRESS Mexico Mo
22c. DATE SIGNED 2-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 16, 59
23c. NAME OF CEMETERY OR CREMATORY East Lawn
23d. LOCATION (City, town, or county) (State) Mexico, Mo.

24. FUNERAL DIRECTOR Precht-Hueston, ADDRESS Mexico, Mo.
25. DATE RECD. BY LOCAL REG. Feb 15-1959
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

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 Ralph L. Huston Jr.

Licensed Embalmer No. 4687

P. O. Address Mexico, 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.