

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010155

STATE FILE NUMBER

FILED MAR 24 1959

Registration District No. 206

Primary Registration District No. 4317

Registrar's No. 18

300
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARQUAND</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Marquand, Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>ALFRED MABEN YOUNT</u>			4. DATE OF DEATH Month Day Year <u>MAR 14 1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec 5 - 1875 -</u>
9a. OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retiree</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>83</u> F UNDER 1 YEAR Months Days Hours Min.
10a. FATHER'S NAME <u>Jesse A. YOUNT</u>		10b. BIRTHPLACE (City and state or country) <u>PATTON MISSOURI</u>	10. CITIZEN OF WHAT COUNTRY? <u>USA</u>
11. MOTHER'S MAIDEN NAME <u>CAROLINE HENSON</u>		12. NAME OF HUSBAND OR WIFE —	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		14. SOCIAL SECURITY NO. —	15. INFORMANT <u>Albert Yount Marquand Mo</u> Address
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>1) Central Arteriosclerosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>2) Chronic myocarditis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			17. INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>1 year</u>
18. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		19. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>334X</u>	
20. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		21. CITY, TOWN, OR LOCATION COUNTY STATE	
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.)	
21. I attended the deceased from <u>3/14/59</u> to <u>3/13/59</u> and last saw him alive on <u>3/13/59</u> Death occurred at <u>3/14/59</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22. ADDRESS <u>Nedevetown Mo</u>	
22a. SIGNATURE <u>Mawin Bowman M.D.</u> (Degree or title)		22c. DATE SIGNED <u>3/16/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23b. DATE <u>Mar. 16, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Union Light</u>	23d. LOCATION (City, town, or county) (State) <u>Ballinger County, Mo</u>
24. FUNERAL DIRECTOR <u>E. A. Homan Marquand Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3-17-1959</u>	26. REGISTRAR'S SIGNATURE <u>Therence Sisk</u>

REGISTRATION NO. 559-18

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 *Raymond B. Wilson*

Licensed Embalmer No. *4884*

P. O. Address *Fredrickton*

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.