

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021797

FILED JUN 17 1959

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NUMBER

Registrar's No. 2679

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MONROE CITY Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital location) HOSPITAL OR INSTITUTION 1510 E. ARBOR ELMS NURSING HOME		Length of stay in 1b 5 YRS.	d. STREET ADDRESS 0670 (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First PEARL Middle C. Last YOUNG			4. DATE OF DEATH Month MAY Day 31 Year 1959
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT 31 1869
9. AGE (In years last birthday) 89 YRS.		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) ELY, MO.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME W. O. FARMER	
13b. MOTHER'S MAIDEN NAME MARY BARNETT		14. NAME OF HUSBAND OR WIFE ROBERT LEE 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. LAWRENCE LEGGETT JEFFERSON CITY, 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) Chr. Myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) Senility			INTERVAL BETWEEN ONSET AND DEATH 3 days 10 yrs 10 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
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.) NO	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. NO		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, factory, street, office bldg., etc.) NO		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased June 19 58 to May 31, 1959 and last saw her alive on May 31-1959 . Death occurred at _____ m on the _____ date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. T. Casbolt M.D.		22b. ADDRESS 4000 Baltimore Ave. MO	22c. DATE SIGNED 5-31-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE MAY 31, 1959	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD CEM	23d. LOCATION (City, town, county) (State) PALMIRA, MO.
24. FUNERAL DIRECTOR ADDRESS D W Newcome's Sons, MO.		25. DATE RECD. BY LOCAL REG. 5-31-59	26. REGISTRAR'S SIGNATURE sever minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Casbolt

MEDICAL CERTIFICATION

615-1

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 *Chester K Brown*

Licensed Embalmer No. *4931*

P. O. Address *KC 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.