

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024001

STATE FILE NUMBER

FILED VS JUL 20 1959

Registration District No. 1 Primary Registration District No. 300.0 Registrar's No. 212

1. PLACE OF DEATH a. COUNTY ADAIR				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ADAIR					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STUBS KIRKSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN GIBBS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION KOH			Length of stay in 1b		0018 STREET ADDRESS 1 1/2 mi. N.W. (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) THOMAS MONROE YOUNG First Middle Last				4. DATE OF DEATH JULY 12 1959 Month Day Year					
5. SEX MALE		6. COLOR OR RACE CAUCASIAN		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JUN 12, 1878		9. AGE (In years last birthday) 80 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING			11. BIRTHPLACE (City and state or country) GIBBS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME BENJAMIN W. YOUNG				14. MOTHER'S MAIDEN NAME EMILY ELMORE					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 497-42-1034		17. INFORMANT Mrs. MONROE YOUNG			Address GIBBS, 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) Coronary Thrombosis								INTERVAL BETWEEN ONSET AND DEATH 6 hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Coronary Insufficiency			2 years			
			DUE TO (c) Coronary atherosclerosis			over 10 years			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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.) 4201						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
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.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 6/22/59 to 7/12/59 and last saw ^{her} him alive on 7/11/59 Death occurred at 7:40 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Calvin H. Van O' Linda, D.O.					22b. ADDRESS 800 W. Jefferson St. Kirksville, Mo.			22c. DATE SIGNED 7-14-59	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY			23d. LOCATION (City, town, or county)		(State)
BURIAL		JULY 14, 1959		UNION			GIBBS, Mo.		Mo.
24. FUNERAL DIRECTOR Kelley Rogers				ADDRESS Bronchaan, Mo.		25. DATE RECD. BY LOCAL REG. 7-16-1959		26. REGISTRAR'S SIGNATURE Doris W. Rattiff	

(Licensed Embalmer's Statement on Reverse Side)

ph. Ifare ic vice 00 56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

CALVIN H. VAN O' LINDA, D.O.

Director, coroner, etc. must use only standard nomenclature in their reports. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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 KELLEY ROGERS, Student Embalmer No. 580
working under my personal supervision..

Student Kelley Rogers
Signature of Student Embalmer

Signed Richard B. Kelly
Licensed Embalmer No. 44

P. O. Address Elm...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.