

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-028442

FILED VS AUG 24 1959

Registration District No. 64 Primary Registration District No. 5244 Registrar's No. 50

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN COCKRELL Twp		Length of stay in 1b	c. CITY OR TOWN Bynumville
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 1 mi S. of Bynumville		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Bynumville
3. NAME OF DECEASED (Type or print) First MARIA Middle Elizabeth Last Young		4. DATE OF DEATH Month Aug Day 16 Year 1959	
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25-1889
9. AGE (last birthday) 69		IF UNDER 1 YEAR Months 7 Day 21	IF UNDER 24 HR Hours 21 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (City and state or country) Kentucky
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Milton Washam	
13b. MOTHER'S MAIDEN NAME Sarah HAMMONS		14. NAME OF HUSBAND OR WIFE Milton 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. 498-14-0537	
17. INFORMANT Milton Young		Address Bynumville 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) Metastatic Carcinoma DUE TO (b) Carcinoma of Breast DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH Months Days Hours Min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)	
20c. TIME OF INJURY. Hour Month, Day, Year 			
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 July to August and last saw her alive on 10 August 1959 Death occurred at 3:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree optional) William Paul Evans		22b. ADDRESS Marceline MO	22c. DATE SIGNED 8-17-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/18/59	23c. NAME OF CEMETERY OR CREMATORY Fitzgerald	23d. LOCATION (City, town, or county) (State) Near Bynumville MO
24. FUNERAL DIRECTOR S. A. Simpson		25. DATE RECD. BY LOCAL REG. 8-17-59	26. REGISTRAR'S SIGNATURE W. Hawkins

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Billie C. Gonder

Licensed Embalmer No. 4980

P. O. Address Mendon, Md

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