

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1959 75

59-028492
STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3015 Registrar's No. 66

DED

1. PLACE OF DEATH a. COUNTY Clinton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Daviess	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cameron		c. CITY OR TOWN Rural Jefferson Twp.	
Length of stay in 1b 1 Day		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cameron Community Hosp.		d. STREET ADDRESS (If outside, give location) ---	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Donna Middle Rea Last Youtsey			4. DATE OF DEATH Month August Day 12 Year 1959		
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-7-1958	9. AGE (last birthday) 9 Months 5 Days	IF UNDER 1 YEAR Hours 9 Min. 5	IF UNDER 24 HR Hours 9 Min. 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (Infant)	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) Cameron Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Wilbert Youtsey	13b. MOTHER'S MAIDEN NAME Rhea Bowman	14. NAME OF HUSBAND OR WIFE ---
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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 Wilbert Youtsey, Altamont, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Cardiac Hypertrophy 9 mos liver Engorgement 9 mos		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

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
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. 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
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21. I attended the deceased from 11-7-58 to 8-12-59 and last saw her alive on 8-12-59 Death occurred at 11:30 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Floyd E. Nelson (Degree or title) ADDRESS Gallatin Mo.	22c. DATE SIGNED 8-14-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-15-1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Ayr Cemetery	23d. LOCATION (City, town, or county) (State) Altamont, Missouri
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24. FUNERAL DIRECTOR F. O. Richerson ADDRESS Hope Funeral Home, Gallatin Mo.	25. DATE RECD. BY LOCAL REG. Aug 17-59	26. REGISTRAR'S SIGNATURE Francis D Crawford
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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

L. O. Persson

Licensed Embalmer No.

3302

P. O. Address

Fallating

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.