

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035157

FILED VS. OCT 20 1959 32

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Bollinger		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cape	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lutesville		c. CITY OR TOWN Cape Girardeau	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bond Nursing Home		d. STREET ADDRESS (If outside, give location) 	
3. NAME OF DECEASED (Type or print) First Edgar Middle William Last Young		4. DATE OF DEATH Month 10 Day 8 Year 1959	
5. SEX Male	6. COLOR OR RACE W	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 11/9/1876
9. AGE (last birthday) 83		10. 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) Cape County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Leander Young		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Nellie Atchison		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 Mrs. Wm. L. O'Howell, Cape Gir.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory failure DUE TO (b) auricular fibrillation DUE TO (c) arteriosclerotic Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH acute acute chronic	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Apoplexy & Paralysis (arteriosclerosis)		PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) none	
20c. TIME OF INJURY Hour a.m. p.m. 		20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 		20f. CITY, TOWN, OR LOCATION 	
20g. COUNTY 		20h. STATE 	
21. a) attended the deceased from 10-6-59 to 10-8-59 and last saw him alive on 10-8-59 Death occurred at 11:55 PM on the date stated above, and to the best of my knowledge, from the causes stated.		22a. ADDRESS 20 Lutesville Mo.	
22b. ADDRESS 		22c. DATE SIGNED 10-10-59	
23a. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cem.		23b. LOCATION (City, town, or county) Fruitland Mo.	
23c. LOCATION (City, town, or county) 		23d. STATE 	
24. FUNERAL DIRECTOR Dean Ward Lutesville		25. DATE RECD. BY LOCAL REG. 10-13-59	
26. REGISTRAR'S SIGNATURE Mr. Buford Crader		27. DATE 	

(Licensed Embalmer's Statement on Reverse Side)

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 me
or by Henneth Liley, Student Embalmer No. 579

working under my personal supervision.

Student Henneth Liley
Signature of Student Embalmer

Signed R. L. Laine

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.