

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**=60-004811**

**FILED VS FEB 8 1960**

STATE FILE NUMBER

Registration District No. 352 Primary Registration District No. \_\_\_\_\_ Registrar's No. 7

UNDECEASED

1. PLACE OF DEATH a. COUNTY <b>Taney</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Branson</b>		Length of stay in 1b <b>4 days</b>		c. CITY OR TOWN <b>Blue Eye</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Skaggs Community Hospital</b>				d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Clarence</b> Middle <b>Orland</b> Last <b>Youngblood</b>			4. DATE OF DEATH Month <b>January</b> Day <b>26</b> Year <b>1960</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/22/95</b>	9. AGE (last birthday) <b>64</b>	IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Construction</b>		11. BIRTHPLACE (City and state or country) <b>Taney county, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>William Youngblood</b>			13b. MOTHER'S MAIDEN NAME <b>Luvina Loftes</b>			14. NAME OF HUSBAND OR WIFE <b>Ina Dixon</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>			16. SOCIAL SECURITY NO. <b>494-32-8821</b>		17. INFORMANT <b>Robert Youngblood, Blue Eye, Missouri</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular accident</b> DUE TO (b) <b>Hypertension Essential</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH <b>5 days,</b> <b>10 yr,</b>	
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 _____ 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 _____
21. I attended the deceased from <u>Jan. 22, 60</u> to <u>Jan. 26, 60</u> and last saw <sup>him</sup> alive on <u>1-26-60</u> Death occurred at <u>1-26-60 2:30 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>W.C. Magness, M.D.</b>				22b. ADDRESS <b>B. Ransaw, Mo.</b>		22c. DATE SIGNED <b>1-30-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>1-29-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blue Eye Cemetery</b>		23d. LOCATION (City, town, or county) <b>Blue Eye, Missouri</b>		(State) _____
24. FUNERAL DIRECTOR <b>Nelson Funeral Home-Berryville, Ark.</b>			25. DATE RECD. BY LOCAL REG. <b>2-3-60</b>		26. REGISTRAR'S SIGNATURE <b>Heleen Campbell</b>		

(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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles M. Nelson

Licensed Embalmer No. 5002

P. O. Address Benningville, Va.

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.