

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-018147

FILED VS MAY 2 1960

373

Primary Registration District No. 6271

Registrar's No. 21

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON 2WP 567RS		c. CITY OR TOWN CONWAY MO RI	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) 6 MI WEST	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM ELLIS YOUNG		4. DATE OF DEATH Month Day Year APR 9 1960	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-30-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET MERCHANT		11. BIRTHPLACE (City and state or country) MISSOURI	
13a. FATHER'S NAME JOHN H. YOUNG		13b. MOTHER'S MAIDEN NAME MARVELEN HUNT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		17. INFORMANT WARNER YOUNG CONWAY MO R2	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE VENTRICULAR ARRHYTHMIA DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE 20 Yr.	
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 APRIL 8, 1960 to APRIL 8, 1960 and last saw her alive on APRIL 8, 1960 Death occurred at 1230 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert J. Bareis, M.D.		22b. ADDRESS RT. 2 BOX 53 MARSHFIELD, MO	
22c. DATE SIGNED APRIL 13, 1960			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-11-1960	23c. NAME OF CEMETERY OR CREMATORY ST LUKE	23d. LOCATION (City, town, or county) (State) WEBSTER CO MO
24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD		25. DATE RECD. BY LOCAL REG. 4-15-60	
		26. REGISTRAR'S SIGNATURE J. Francis	

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 George Stapp

Licensed Embalmer No. 3161
P. O. Address Mt. Shasta

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.