

## FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022287

FILED VS JUL 12 1960 032

NDED

Registration District No. 032 Primary Registration District No. Registrar's No. 51

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 Bollinger			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union TWP		Length of stay in lb 46 Years		c. CITY OR TOWN Sedgewickville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sedgewickville Rte.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rural Rte.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Myrtle A. Yount				4. DATE OF DEATH Month Day Year 7-5-60			
5. SEX F		6. COLOR OR RACE W		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-27-89	
9. AGE (last birthday) 70		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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Robert Conrad		13b. MOTHER'S MAIDEN NAME Bertha Kuhlman		14. NAME OF HUSBAND OR WIFE Albert Yount			
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.		17. INFORMANT Address Albert Yount, Sedgewickville, 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) <u>Pulmonary edema &amp; congestion</u> DUE TO (b) <u>Chronic congestive heart failure</u> DUE TO (c) <u>Hypertensive arteriosclerotic heart disease</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>6 mo</u> <u>—</u>			
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>8/18/59 9:15 p.m.</u> to <u>7/5/60</u> and last saw her alive on <u>7/5/60</u> Death occurred at <u>9:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Stanley H. Yount M.D.</u>		(Degree or title)		22b. ADDRESS <u>Perryville Mo</u>		22c. DATE SIGNED <u>7/7/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-8-60		23c. NAME OF CEMETERY OR CREMATORY Zion Lutheran Cem.		23d. LOCATION (City, town, or county) Yount, Mo.	
24. FUNERAL DIRECTOR <u>Young Sons Perryville Mo</u>		ADDRESS <u>7/9/60</u>		25. DATE RECD. BY LOCAL REG. <u>7/9/60</u>		26. REGISTRAR'S SIGNATURE <u>Mr. Buford Crader</u>	

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

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

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville

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.