URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-023853
STATE FILE NUMBER

FILED VS JUN 29 1960

Registration District No. 10 Primary Registration District No. 4322 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Princeton — Length of stay in Ib: life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lambert Hospital — Inside Limits: Yes ☐ X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Mercer
c. CITY OR TOWN: Princeton, Mo — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John — Middle: F. — Last: Young
4. DATE OF DEATH: Month 6 Day 20 Year 60
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 12-23-1890
9. AGE (last birthday): 69
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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (City and state or country): Mercer Co., Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John A Young
13b. MOTHER'S MAIDEN NAME: Elizabeth Mulvania
14. NAME OF HUSBAND OR WIFE: Mary A Young
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.: 491-42-2004
17. INFORMANT: Mrs John Young — Address: Princeton, Mo

MEDICAL CERTIFICATION

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 coronary thromboses — INTERVAL BETWEEN ONSET AND DEATH:
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): coronary arteriosclerosis — 2 yrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Had mild coronary thrombosis 3 wks prior to death, following trans urethral resection.
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.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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 — COUNTY — STATE
21. I attended the deceased from June 4, 1960, to June 20, 1960 and last saw ~~seen~~ alive on June 20, 1960
Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Frank H Zalud MD (Degree or title) — 22b. ADDRESS: Princeton, Mo — 22c. DATE SIGNED: 6-21-60
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 6-23-60
23c. NAME OF CEMETERY OR CREMATORY: Princeton
23d. LOCATION (City, town, or county) (State): Princeton, Mo
24. FUNERAL DIRECTOR: Noel Moss — ADDRESS: Princeton, Mo
25. DATE RECD. BY LOCAL REG.: 6-21-60
26. REGISTRAR'S SIGNATURE: Noel Moss
(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT BY AFFIDAVIT OF

JUN 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

by me, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 263

P. O. Address Princeto

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.