

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 6 1960

=60-024047

IDED

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 230

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia		Length of stay in 1b 17 years		c. CITY OR TOWN Sedalia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1908 S. Missouri Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RAYMOND Middle (NMI) Last YOUNG				4. DATE OF DEATH Month June Day 26 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH June 1, 1897	9. AGE (last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY LABOR		11. BIRTHPLACE (City and state or country) Chariton County, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Leonidas Young			13b. MOTHER'S MAIDEN NAME Ida E. Draper			14. NAME OF HUSBAND OR WIFE May Gibson	
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. 722-07-0172		17. INFORMANT Address Mrs. May Young - Sedalia, 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) Anuria Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) Asptemia DUE TO (c) Uremia with convulsions PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Prostatation - Old duodenal ulcer - Renal hypertension PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown						INTERVAL BETWEEN ONSET AND DEATH 2 days 2 years 2 weeks	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. 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 October 23 1958 to June 26 1960 and last saw him alive on June 25 1960 Death occurred at 3:45 A. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Stanley S. Fisher M.D. (Degree or title)				22b. ADDRESS 500 St. 16th Sedalia Missouri		22c. DATE SIGNED 28 June 60 (date)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 28, 1960	23c. NAME OF CEMETERY OR CREMATORY Asbury Cemetery		23d. LOCATION (City, town, or county) Chariton County, Mo.			
24. FUNERAL DIRECTOR D.W. Heckart - Sedalia, Mo.		ADDRESS Gillespie Funeral Home,		DATE RECD. BY LOCAL REG. June 28 1960		25. REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 10 1961

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 Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo.

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