

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-025789

FILED VS. AUG. 3 1960 032

Primary Registration District No.

Registrar's No.

52

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 1b Life	c. CITY OR TOWN Sedgewickville	Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sedgewickville	Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Jesse Middle Yount Last Yount	4. DATE OF DEATH Month 7 Day 20 Year 60
---	---

5. SEX M	6. COLOR OR RACE W	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 1-1-1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 70 Days 0 Hours 0 Min. 0	IF UNDER 24 HR Months 0 Days 0 Hours 0 Min. 0
--------------------	------------------------------	---	-------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bollinger Co., Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	-----------------------------------	---	--

13a. FATHER'S NAME Frank Yount	13b. MOTHER'S MAIDEN NAME Mary Deewse	14. NAME OF HUSBAND OR WIFE Ella J. Yount
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.I.	16. SOCIAL SECURITY NO. 499-20-5159	17. INFORMANT Address Mrs. Ella 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) Myocardial Regeneration		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

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. ☐ Yes ☐ N: ☐ 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 3:30 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 Sedgewickville, Mo.	COUNTY Bollinger	STATE Mo.
---	--	--	--	----------------------------	---------------------

21. I attended the deceased from July 1st 1958 3:30 p.m. to July 20th 1960 and last saw him ^{her} alive on July 10th 1960 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE Edw. Crites M.D.	(Degree or title)	22b. ADDRESS Sedgewickville, Mo.	22c. DATE SIGNED 7/24/60
---	-------------------	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-23-60	23c. NAME OF CEMETERY OR CREMATORY Yount Lutheran Cem.	23d. LOCATION (City, town, or county) (State) Yount, Mo.
--	-----------------------------	--	--

24. FUNERAL DIRECTOR Young & Sons	ADDRESS Perryville Mo	25. DATE RECD. BY LOCAL REG. 7/29-60	26. REGISTRAR'S SIGNATURE Mrs. Buford Crader
---	---------------------------------	--	--

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

PS AUG 3 - 1968

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 Edward E. Young

Licensed Embalmer No. 2130

P. O. Address Perryville

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