

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026345

FILED VS  
ENDED

JUL 28 1960  
Registration District No. 99

Primary Registration District No. 4112 Registrar's No. 34

STATE FILE NUMBER

|   |   |   |   |   |  |
|---|---|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>DeKalb</u>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u> |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Maysville</u>   |   | Length of stay in 1b<br><u>2 days</u>   | c. CITY OR TOWN <u>Stewartsville</u>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sunset Rest Home</u>   |   | Inside limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Samuel</u> Middle <u>P.</u> Last <u>Young</u>   |   |   | 4. DATE OF DEATH<br>Month <u>7</u> Day <u>19</u> Year <u>1960</u>   |   |  |
| 5. SEX<br><u>male</u>   | 6. COLOR OR RACE<br><u>white</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>1-4-81</u>   | 9. AGE (last birthday)<br><u>79</u>                   | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Salesman for O.C.C. Feed Co.</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>O.C.C. Feed Co.</u>   | 11. BIRTHPLACE (City and state or country)<br><u>Lamonia Iowa</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>             |  |
| 13a. FATHER'S NAME<br><u>David Young</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Florence Ford</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Mr. Lydia Young</u> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |   | 16. SOCIAL SECURITY NO.<br><u>491-09-7566</u>   | 17. INFORMANT<br><u>Mrs. Lydia Young</u><br>Address <u>Stewartsville Mo</u>   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial Insufficiency</u>   |   |   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 year</u>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)  |   |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Pulmonary Edema</u>   |   |   |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u><br>Month, Day, Year <u>  </u>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>May 1960</u> to <u>7-19-60</u> and last saw her/him alive on <u>7-17-60</u><br>Death occurred at <u>12:30 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>E.J. Irving, MD</u>  |   |   | 22b. ADDRESS<br><u>Stewartsville, Mo.</u>   |   | 22c. DATE SIGNED<br><u>7/20/60</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>7-21-60</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Maple Grove</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>DeKalb - Mo.</u>  |   |  |
| 24. FUNERAL DIRECTOR<br><u>W.E. Summersfeld, Stewartsville, Mo.</u>   |   | ADDRESS<br><u>Stewartsville, Mo.</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>7-20-60</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Roscoe Davidson</u>   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

