

# FEDERAL BUREAU OF INVESTIGATION

## FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034010

FILED OCT 17 1960

43      Primary Registration District No. 3007      Registrar's No. 548

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> , county <b>Wayne</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>	Length of stay in 1b <b>3 wks</b>	c. CITY OR TOWN <b>Greenville</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>John</b> Middle <b>Quincy</b> Last <b>Young</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>23</b> , Year <b>1960.</b>		
---	--	--	--	--	--

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/9/1889</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>14</b>	IF UNDER 24 HR Hours <b></b> Min. <b></b>
-----------------------	----------------------------------	---	-------------------------------------	-------------------------------------	-------------------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Construction Camp</b>	11. BIRTHPLACE (City and state or country) <b>New Albany, Miss.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
--	---	--	--

13a. FATHER'S NAME <b>Elijah Young</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Stacks</b>	14. NAME OF HUSBAND OR WIFE <b>Leona Elizabeth Young</b>
---	---	---

15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>XXXXXXXXXXXX</b>	16. SOCIAL SECURITY NO. <b>500-18-1596</b>	17. INFORMANT Address <b>Mrs. Leona Young, Greenville, Mo.</b>
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> DUE TO (b) <b>Congestive Heart Failure</b> DUE TO (c) <b></b>		INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 <b></b> Month, Day, Year <b></b> a.m. <b></b> p.m. <b></b>	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 **3:00 P. M.** to  and last saw **her** **him** alive on   
Death occurred at  on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Marion R. Barber M.D.</b>	22b. ADDRESS	22c. DATE SIGNED <b>9-28-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>9/25/1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City</b>
24. FUNERAL DIRECTOR <b>Frank-Cotrell Chapel, Poplar Bluff, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>10/4/60</b>	23d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Missouri.</b>

26. REGISTRAR'S SIGNATURE <b>R. Muette</b>
---

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 Charles E. Mungel

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.