

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041751

FILED VS NOV 14 1960

133

Primary Registration District No.

Registrars No.

130

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived, If instituting: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cypress twp</u>		Length of stay in 1b <u>90 yr</u>	c. CITY OR TOWN <u>Cypress twp</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION _____		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>mile S. Bethany</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>George Washington Young</u>		4. DATE OF DEATH Month Day Year <u>11-10-60</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DAY OF BIRTH <u>9-26-70</u>
9. AGE (last birthday) <u>90</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>14</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>Harrison County Mo. U.S.</u>
12. CITIZEN OF WHAT COUNTRY _____		13a. FATHER'S NAME <u>Wm Young</u>	
13b. MOTHER'S MAIDEN NAME <u>Isabelle Lowe</u>		13c. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give yrs or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT Address <u>Ohn Young Pattonsburg Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Embolic aneurysm-originating around thyroid gland</u>			<u>at once</u>
DUE TO (b) <u>over exertion</u>			
DUE TO (c) <u>senility</u>			
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 checked="" type="checkbox"/> NO <input 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 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 _____ 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) <u>Woodward</u>		22b. ADDRESS <u>Bethany, Missouri</u>	22c. DATE SIGNED <u>11-12-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-12-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hatten</u>	23d. LOCATION (City, town, or county) (State) <u>Pattonsburg Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>MBRhas Bethany Mo</u>	25. DATE RECD. BY LOCAL REG. <u>11-12-1960</u>	26. REGISTRAR'S SIGNATURE <u>Jella Masey</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

(Licensed Embalmer's Statement on Reverse Side)

**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 \_\_\_\_\_

*W B Haas*

Licensed Embalmer No. 3899

P. O. Address: Bethany, W. Va.

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