

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042756

FILED VS NOV 16 1960

Registration District No. 195 Primary Registration District No. 546 Registrar's No. 89-60 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>McDONALD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDONALD</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Anderson</u>		Length of stay in 1b <u>5 years</u>		c. CITY OR TOWN <u>Anderson</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Anderson, Mo.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>None</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>JAMES WALTER YOUNG</u>				4. DATE OF DEATH Month Day Year <u>Nov. 6 1960</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 type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-15-1885</u>	9. AGE (last birthday) <u>75</u>	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) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Oil</u>		11. BIRTHPLACE (City and state or country) <u>JANE, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Henry Young</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Mizor</u>			14. NAME OF HUSBAND OR WIFE <u>NANNIE YOUNG</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>NANNIE YOUNG Anderson, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary occlusion</u> DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Coronary Embolism</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</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 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 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 <u>11-5-60</u> to <u>11-5-60</u> and last saw him <u>live</u> on <u>11-5-60</u> Death occurred at <u>5 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>W. Bush D.O.</u>			22b. ADDRESS <u>Anderson, Missouri</u>			22c. DATE SIGNED <u>11-6-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>11-8-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bixby Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Bixby, OKLA.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Robler Funeral Home Anderson, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>November 7, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Deputy Seal Sweet Dorris</u>			

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 Robert C. Roller

Licensed Embalmer No. 5062

P. O. Address Anderson, N.C.

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.