

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016391

STATE FILE NUMBER

AMENDED FILED Registration District No. 10 Primary Registration District No. 5037 Registrar's No. 103  
 MAY 31 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Audrain</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Audrain</b>                                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>SALT RIVER</b>  |   | Length of stay in 1b<br><b>Yrs</b>   | c. CITY OR TOWN <b>Mexico</b>  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>RFD #6, Mexico</b>  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>RFD #6</b>   |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><b>GROVER CLEVELAND YOUNG</b>  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>May 22, 1961</b>  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6-6-94</b>  |
| 9. AGE (last birthday)<br><b>66</b>   |   | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 24 HR<br>Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done<br>most of working life, even if retired)<br><b>Farmer, Retired</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Crop</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Audrain Co., Mo.</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>   |   | 13a. FATHER'S NAME<br><b>John M. Young</b>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>Martha Brocker</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><del>John M. Young</del><br><b>Aima Newton Young,</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or date of service)<br><b>No</b>  |   | 17. INFORMANT<br>Address<br><b>Miss Marjorie Young, Jefferson City, Mo.</b>  |  |
| 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) <b>Coronary Occlusion</b><br>DUE TO (b) <b>generalized arteriosclerosis</b><br>DUE TO (c)<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>immediate</b><br><b>15 yrs.</b>   |
| 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.<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 e.m. p.m.<br>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 <b>never</b> to <b>never</b> and last saw her/him alive on <b>never</b><br>Death occurred at <b>5A</b> m on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |
| 22a. SIGNATURE (Degree or title)<br><b>William H. Jacegun</b>   |   | 22b. ADDRESS<br><b>112 N. Clark Street No 5</b>  | 22c. DATE SIGNED<br><b>5-22-61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>5-23-61</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Lick Creek Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>Perry, Missouri</b>  |
| 24. FUNERAL DIRECTOR<br><b>Arnold Funeral Home, Mexico, Mo.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>May 22-1961</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Blanche Neely</b>  |

EMBALMER

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Conrad L. Pickering, Student Embalmer No. 633  
working under my personal supervision.

Student

Conrad L. Pickering  
Signature of Student Embalmer

Signed

Oliver Arnold

Licensed Embalmer No. 2569

P. O. Address Missis

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.