

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026136

AMENDED

FILED AUG 14 1961 No. 261

Primary Registration District No. _____

Registrar's No. 133

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lincoln		Length of stay in 1b 4 Mo	c. CITY OR TOWN Elmo, Mo Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 MI N E Elmo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4 MI N E Elmo Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Sarah Middle E Last Younger			4. DATE OF DEATH Month Aug-1st Day 1961 Year
5. SEX Male	6. COLOR OR RACE Wh	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar-10-1875 9. AGE (last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY General Housework	11. BIRTHPLACE (City and state or country) Missouri 12. CITIZEN OF WHAT COUNTRY U S
13a. FATHER'S NAME James M Fort		13b. MOTHER'S MAIDEN NAME Elixa Harbinson	14. NAME OF HUSBAND OR WIFE C C Younger <i>decs</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, None known) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs Leslie Mases Address Elmo Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis			INTERVAL BETWEEN ONSET AND DEATH few weeks
DUE TO (b) Decubital cellulitis caused by Prolonged Recumbency & right sided hemiplegia.			few months.
DUE TO (c) Arteriosclerosis and Thrombotic Encephalomalacia			3 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility. Cong. Heart Failure due to Arteriosclerotic Heart Dis.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m.			
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 Jun 26, 1959 to Aug. 3, 1961 and last saw ^{her} high on Jul. 27, 1961 Death occurred at 1:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Sarah Younger</i> (Degree or title) B.O.		22b. ADDRESS Elmo, Mo.	22c. DATE SIGNED Aug 5, 61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/3/1961	23c. NAME OF CEMETERY OR CREMATORY Braddyville Cemetery	23d. LOCATION (City, town, or county) (State) Braddyville, Iowa
24. FUNERAL DIRECTOR Tucker Funeral Home - Westboro, Missouri ADDRESS		25. DATE RECD. BY LOCAL REG. 5-61	26. REGISTRAR'S SIGNATURE <i>Beas Holt</i>

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 me,
or by Scott Tucker, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Scott Tucker

Licensed Embalmer No. 2824

P. O. Address Westboro, Missouri

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.