

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030359
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 103

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

FILED SEP 13 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Pulaski		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Union		Length of stay in 1b Life		c. CITY OR TOWN Rural Union	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		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)				4. DATE OF DEATH			
First Gerald		Middle Dean		Last Young		Month 8	
Day 31		Year 1961					
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 2/28/1946	
9. AGE (last birthday) 15		IF UNDER 3 YEAR Months		IF UNDER 24 HR Days		IF UNDER 24 HR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) Dixon, Missouri		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME James Young			13b. MOTHER'S MAIDEN NAME Golda Porter			14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Mr. James Young, Dixon, Missouri		
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) Gunshot wound							instant
DUE TO (b) Accidentally shooting self							
DUE TO (c) _____							
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 checked="" 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.) Boy accidentally discharged			
20c. TIME OF INJURY 4 PM		Hour 8 31 - 61		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.) At Home		20f. CITY, TOWN, OR LOCATION Rural		COUNTY Pulask		STATE MO	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 4:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE C. J. Moss				(Degree or title) Coroner		22b. ADDRESS Waynesville Mo	
22c. DATE SIGNED 9/9/61		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/3/1961		23c. NAME OF CEMETERY OR CREMATORY Seaton Cemetery	
23d. LOCATION (City/town, or county) Marion County, Missouri		23e. DATE RECD. BY LOCAL REG. 9-3-61		23f. REGISTRAR'S SIGNATURE Paul Mac Anderson			
24. FUNERAL DIRECTOR Gilbert Funeral Home, Inc., Dixon, Mo.		ADDRESS		25. DATE RECD. BY LOCAL REG.			

SEP 14 1961

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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Maurice E. Schierbaum

Licensed Embalmer No. 4505

P. O. Address Dixon, 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.