

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031803

STATE FILE NUMBER

AMENDED

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 78

FILED SEP 26 1961

1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lamar</u>			Length of stay in 1b <u>6 hours</u>		c. CITY OR TOWN <u>Lamar</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Barton Co. Memorial Hosp.</u>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1100 Poplar</u>			
3. NAME OF DECEASED (Type or print)		First <u>CARROL</u>		Middle <u>OCIE</u>		Last <u>YOUNG</u>			
		4. DATE OF DEATH		Month <u>Sept.</u>		Day <u>20</u> Year <u>1961</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>2-20-1917</u>	9. AGE (last birthday) <u>44</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Lawn Boy Mfg. Co.</u>		11. BIRTHPLACE (City and state or country) <u>LaFlora, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Jake L. Young</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Margaret 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>				17. INFORMANT <u>Mrs. Carrol Young, Lamar, Mo.</u>				Address	
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>Carcinoma of lung</u>							INTERVAL BETWEEN ONSET AND DEATH <u>12 mo</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 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>8/28/61</u> to <u>8/31/61</u> and last saw her <u>her</u> live on <u>9/19/61</u> Death occurred at <u>5:15 AM</u> on the date <u>9/20/61</u> and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>A.R. Cain MD</u>				22b. ADDRESS <u>Lamar</u>		22c. DATE SIGNED <u>9/20/61</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>9-23-1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove Cemetery</u>		23d. LOCATION (City, town, or county) <u>Independence, Missouri</u>			
24. FUNERAL DIRECTOR <u>Chiles Funeral Home, Lamar, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Sept 22 1961</u>		26. REGISTRAR'S SIGNATURE <u>Marie Konantz</u>			

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

SEP 26 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 James S. Chiles

Licensed Embalmer No. 3473

P. O. Address San Mateo

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.