

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-61-032299**  
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 287

AMENDED

**FILED OCT 5 1961**

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JEFFERSON CITY</u>		c. CITY OR TOWN <u>JEFFERSON CITY</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>419 ADAMS</u>		d. STREET ADDRESS (If outside, give location) <u>419 ADAMS</u>	

3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Porter</u> Last <u>Young</u>			4. DATE OF DEATH Month <u>Sept</u> Day <u>26</u> Year <u>1961</u>		
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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>6/25/99</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>0</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Jefferson City Mo U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Edward Young</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Mummy</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Clarks</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> No	17. INFORMANT <u>Mrs. Martha Young J.C. Mo.</u>	Address
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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) <u>VENTRICULAR FIBRILLATION</u>		<u>5 MIN</u>
DUE TO (b) <u>AURICULAR FIBRILLATION</u>		<u>12 HRS</u>
DUE TO (c) <u>HYPERTENSIVE HEART DISEASE</u>		<u>2 YRS</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.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year
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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
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21. I attended the deceased from <u>FEB. 25, 1960</u> to <u>SEPT. 25, 1961</u> and last saw her/him alive on <u>SEPT. 23, 1961</u> Death occurred at <u>2:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>William A. Clow Jr.</u>	Degree or title	22b. ADDRESS <u>500 W. FAVERUE JEFF. CITY MO.</u>	22c. DATE SIGNED <u>9/29/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>9/30/61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Louquair</u>	23d. LOCATION (City, town, or county) <u>Jefferson City Mo.</u>
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24. FUNERAL DIRECTOR <u>Sylvester Gude</u>	ADDRESS <u>J.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>20 October 1961</u>	26. REGISTRAR'S SIGNATURE <u>R. Harris</u>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO.  
 SHOULD READ  
 DATE AMENDED

VS OCT 5 1961

VS OCT 10 1961

VS OCT 10 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 Sylvester Quill  
Licensed Embalmer No. 4321  
P. O. Address Jefferson City, Mo.

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.