

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-033467

AMENDED FILED SEP 21 1961 Registration District No. 174 Primary Registration District No. 3030 Registrar's No. 72 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <i>Lafayette</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Lexington</i>		Length of stay in lb <i>life</i>	c. CITY OR TOWN <i>Lexington</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>1417 1/2 St</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>1417 1/2 St</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>ERNEST</i> Middle <i>YOUNG</i> Last <i>YOUNG</i>			4. DATE OF DEATH Month <i>September</i> Day <i>9</i> Year <i>1961</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Negro</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 19, 1901</i>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <i>60</i> Months Days Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Bookbind</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Extra Gang</i>	11. BIRTHPLACE (City and state or country) <i>Missouri</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>Thomas Young</i>	13b. MOTHER'S MAIDEN NAME <i>Lillie Young</i>	14. NAME OF HUSBAND OR WIFE <i>Unknown</i>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Unknown</i>	17. INFORMANT <i>William Taylor</i>	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) <i>Found dead in bed probably from unknown</i>		
DUE TO (b) <i>seen alive at his room a few hours before he was found dead. lived alone</i>		
DUE TO (c) <i>Complained of dizziness a few days before he was found dead</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Found dead about 4 PM 9-9-61</i>		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
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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 <input type="checkbox"/> s.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	Month, Day, Year	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 *after death* and last saw him alive on *never*
Death occurred at *about 12 PM* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>W. Martin MD Coron</i>	(Degree or title)	22b. ADDRESS <i>O dea m</i>	22c. DATE SIGNED <i>9-9-61</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Sept. 13, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Forest Grove</i>	23d. LOCATION (City, town, or county) (State) <i>Lexington Mo.</i>
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24. FUNERAL DIRECTOR <i>George Green</i>	ADDRESS <i>Dulton Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>9-9-61</i>	26. REGISTRAR'S SIGNATURE <i>Marion E. Gantlock</i>
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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTAID OF
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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Berget H. Green
Licensed Embalmer No. 4220

P. O. Address Putnam, 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.