

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-035753

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registered District No. 202 Primary Registration District No. 4005 Registrar's No. 31

FILED NOV 14 1961

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Andrew			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Andrew			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rosendale		Length of stay in 1b 15 years	c. CITY OR TOWN Rosendale		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
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)		
3. NAME OF DECEASED (Type or print) First Fred Middle L. Last Young			4. DATE OF DEATH Month November Day 3 Year 1961			
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-19-88	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer		10b. KIND OF BUSINESS OR INDUSTRY construction	11. BIRTHPLACE (City and state or country) Fort Smith, Ark.		12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME Calvin Young		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Elizabeth Young		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW I			17. INFORMANT Address Mrs. Elizabeth Young, Rosendale, Mo			
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 7 months	
IMMEDIATE CAUSE (a) Arterio-sclerotic heart disease with cardiac decompensation and failure.						
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 2-27-46 to 11-3-61 and last saw <input checked="" type="checkbox"/> him alive on 11-2-61 Death occurred at 5:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Regist./or title) <i>William B. Kelley, Jr.</i>			22b. ADDRESS <i>Savannah, Mo.</i>		22c. DATE SIGNED 11-3-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11-5-61	23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	23d. LOCATION (City, town, or county) (State) Mound City, Missouri			
24. FUNERAL DIRECTOR BREIT & HAWKINS		ADDRESS SAVANNAH	25. DATE RECD. BY LOCAL REG. 11-9-61	26. REGISTRAR'S SIGNATURE <i>William B. Kelley, Jr.</i>		

DEC 28 1961

NOV 27 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 B. Hawkins
Licensed Embalmer No. 4536

P. O. Address Savannah

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.