

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045712

AMENDED

DATE PROVIDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

Registration District No. 261 Primary Registration District No.        Registrar's No. 249 STATE FILE NUMBER

**FILED JAN 2 1962**

1. PLACE OF DEATH  
 a. COUNTY NODAWAY  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CONCEPTION Length of stay in 1b 1 day  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CONCEPTION ABBEY Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE MISSOURI b. COUNTY BUCHANAN  
 c. CITY OR TOWN ST JOSEPH Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 5621 South Second Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print)  
 First RAYMOND Middle MODE Last YOUNG 4. DATE OF DEATH Month DECEMBER Day 15 Year 1961

5. SEX MALE 6. COLOR OR RACE CAU 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Nov 15, 1902 9. AGE (last birthday) 59  
 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION WORKER 10b. KIND OF BUSINESS OR INDUSTRY SEWER SERVICE 11. BIRTHPLACE (City and state or country) MC FALL, MISSOURI 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME HARRY YOUNG 13b. MOTHER'S MAIDEN NAME Ollie S Osborn 14. NAME OF HUSBAND OR WIFE THERESA YOUNG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) YES 17. INFORMANT Address MRS THERESA YOUNG ST JOSEPH, MISSOURI

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Transmitted spinal cord cerebral minutes  
 DUE TO (b) Fractured cervical spine  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) sewer ditch in which he

20c. TIME OF INJURY Hour 1:45 p.m. Month, Day, Year 12 15 61 was walking covered in.

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Conception abbey 20f. CITY, TOWN, OR LOCATION Conception COUNTY Nodaway STATE Missouri

21. I attended the deceased from 1:45 to \_\_\_\_\_ and last saw her him alive on \_\_\_\_\_  
 Death occurred at \_\_\_\_\_ o'clock on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) B. F. Byland M.D. 22b. ADDRESS Maryville Missouri 22c. DATE SIGNED 12/18/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 12/18/61 23c. NAME OF CEMETERY OR CREMATOR Mt. Auburn Cemetery 23d. LOCATION (City, town, or county) St. Joseph, Mo (State)

24. FUNERAL DIRECTOR ADDRESS St. Joseph, Mo 12-24-61 25. DATE RECD. BY LOCAL REG. 12-24-61 26. REGISTRAR'S SIGNATURE Beas Holt

JAN 3 1962

JAN 5 1962

MAR 5 1962

JAN 12 1962

**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 John E. Rafferty  
Licensed Embalmer No. 398

P. O. Address St. Joseph

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.