MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-010608

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 500 Registrar's No. 551

FILED APR 16 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH

a. COUNTY: Greene

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 1 week

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Springfield Baptist Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Christian

c. CITY OR TOWN: Nixa, Rt. #1 — Inside Limits: Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location): 3½ Miles West of Nixa — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Raymond Middle: Last: Young

4. DATE OF DEATH: Month: April Day: 4 Year: 1962

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH: 3/13/1907

9. AGE (last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Dairy & Stockman

11. BIRTHPLACE (City and state or country): Nixa, Missouri

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Alexander Young

13b. MOTHER'S MAIDEN NAME: Allie Sanders

14. NAME OF HUSBAND OR WIFE: Marie Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ——

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Address: Mrs. Allie Young, Rt. #1, Nixa, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Disseminated miliary pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

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. ☐ 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.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

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.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 26 March 1962, to April 4, 1962 and last saw her/him alive on 4 April 1962

Death occurred at 9:22 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Francis M. Maple MD (Degree or title) — **22b. ADDRESS**: Springfield, Mo. — **22c. DATE SIGNED**: 6 April 1962

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **23b. DATE**: 4/6/1962 — **23c. NAME OF CEMETERY OR CREMATORY**: Delaware Cemetery — **23d. LOCATION** (City, town, or county) (State): Nixa, Missouri

24. FUNERAL DIRECTOR: Gilean Harris — **ADDRESS**: Clever, Mo.

25. DATE RECD. BY LOCAL REG.: 4-10-62

26. REGISTRAR'S SIGNATURE: Effie S. Meeter

(Licensed Embalmer's Statement on Reverse Side)

Permit issued 4-4-65

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_____ Signed Jolean Harris

Signature of Student Embalmer

Licensed Embalmer No. 4390

P. O. Address Clever 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.