

# MISSOURI DIVISION OF PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-014370

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 741

FILED MAY 7 1962

VS 300  
Rev. 4/59

DATE AMENDED

10129  
21030  
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>STODDARD</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR <b>POPLAR BLUFF, MO</b>		Length of stay in 1b <b>3 DAYS</b>		c. CITY OR TOWN <b>PUXICO</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM., HOSPITAL</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>GEN. DEL</b>	
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>F. (D)</b> Last <b>YOUNG</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>26</b> Year <b>1962</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-21-89</b>	9. AGE (last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PRESS OPERATOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>MANUFACTURING</b>		11. BIRTHPLACE (City and state or country) <b>PUXICO, MO</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>HENRY YOUNG</b>		13b. MOTHER'S MAIDEN NAME <b>MORRIE COBB</b>	
14. NAME OF HUSBAND OR WIFE <b>N/A</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	
17. INFORMANT <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY HEART DISEASE- OCCLUSION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 Day</b>	
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). <b>DIAPHRAGMATIC - HERNIA LT. FRACTURE NECK OF LT. FEMUR</b>				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 checked="" 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.) <b>FELL ON SIDEWALK</b>			
20c. TIME OF INJURY Hour * a.m. p.m. <b>4-23-62</b>	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.) <b>Street</b>	20f. CITY, TOWN, OR LOCATION <b>PUXICO</b>	COUNTY <b>STODDARD</b>	STATE <b>MO.</b>
21. //VA Under the deceased from <b>April 23, 1962</b> to <b>April 26, 1962</b> and last seen alive on <b>April 26, 1962</b> Death occurred at <b>5:15AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>MICHAEL BARTON, M.D. CHIEF SURG. SVC.</b>			22b. ADDRESS <b>VA. HOSPITAL, POPLAR BLUFF, MO</b>		22c. DATE SIGNED <b>4-30-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-29-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Morgan Memorial</b>		23d. LOCATION (City, town, or county) (State) <b>Advance, Mo</b>	
24. FUNERAL DIRECTOR <b>Morgan Funeral Home Puxico, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>5/6/1962</b>		26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>

USE BLACK INK OR TYPEWRITER RIBBON

**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 W<sup>m</sup>. H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.