

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018739

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 860

FILED JUN 11 1962

1. PLACE OF DEATH
 a. COUNTY **Greene**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Springfield** Length of stay in lb **27 hours**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. John's Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo.** b. COUNTY **Pulaski**
 c. CITY OR TOWN **Richland** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **Rural Rt. #2** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last
Monta Esther Young
 (Type or print)

4. DATE OF DEATH Month Day Year
May 28, 1962

5. SEX **female** 6. COLOR OR RACE **white** 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH **11-5-86** 9. AGE (last birthday) **65** 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) **housewife** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and state or country) **Laclede Co., Mo.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Lewis N. Dowty** 13b. MOTHER'S MAIDEN NAME **Margaret Rhoades** 14. NAME OF HUSBAND OR WIFE **Claude Young**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) | (If yes, give war or dates of service) **no none** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT Address **Claude Young, Rt. 2, Richland, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Ventricular fibrillation**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Arteriosclerosis Heart Disease**
 DUE TO (c) **Adenocarcinoma sigmoid colon post op.**
 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 **5-27-62** to **5-28-62** and last saw her ^{him} alive on **5-28-62**
 Death occurred **6:30 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Name or title) **F. Thomas Moley** 22b. ADDRESS **1636 L. Glenstone Springfield, Missouri** 22c. DATE SIGNED **6-2-62**

23a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY **Dowty Cemetery** 23d. LOCATION (City, town, or county) (State) **Laclede County, Mo.**

24. FUNERAL DIRECTOR ADDRESS **T.J. Shadel, Lebanon, Missouri** 25. DATE RECD. BY LOCAL REG. **6-5-62** 26. REGISTRAR'S SIGNATURE **Effie B. Meehan**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
 0397
 20950
 3
 4 1
 5 1
 6
 7 0
 8 0
 9 1533
 10
 11
 12 4-0
 13

Permit serial 5-28-62

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 Eric M. Abbott

Licensed Embalmer No. 5115
P. O. Address Springfield, 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.