

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024012

STATE FILE NUMBER

Registration District No. 227 Primary Registration District No. 3804 Registrar's No. 32

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

0690  
0690  
3  
4 1  
5 2  
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7 1  
8 2  
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10  
11 069  
12 86-2  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED JUL 2 1962**

1. PLACE OF DEATH  
a. COUNTY MONROE  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JACKSON Length of stay in 1b 5 WEEKS  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BEST HOME PLEASANT VIEW Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO. b. COUNTY MONROE  
c. CITY OR TOWN PARIS Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) W. CALDWELL ST. Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last MARY ELLEN YOUNG  
4. DATE OF DEATH Month Day Year JUNE 26 1962

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 1/3/1869 9. AGE (last birthday) 93 IF UNDER 1 YEAR Months 3 Days 23 IF UNDER 24 HR Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME 10b. KIND OF BUSINESS OR INDUSTRY HOME 11. BIRTHPLACE (City and state or country) IDAHO 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME STEPHEN WHITE 13b. MOTHER'S MAIDEN NAME MARY UNKNOWN 14. NAME OF HUSBAND OR WIFE DEC'D JOHN DAVIS YOUNG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT Address MRS H. SLADEK PARIS, 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) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 6 DAYS  
DUE TO (b) cardiac decompensation NK  
DUE TO (c) Fracture of hip. Left. 51 DAYS  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) arterio-sclerosis - chronic conditions of age  
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 5-7-62 to 6-26-62 and last saw her alive on 6-25-62  
Death occurred at 10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) Nellis S. Christman 22b. ADDRESS PARIS, MO. 22c. DATE SIGNED 6/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE JUNE 29/1962 23c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEM. 23d. LOCATION (City, town, or county) (State) 5 MI. E. OF PARIS, MO.

24. FUNERAL DIRECTOR ADDRESS E. H. AGNEW PARIS, MO. 25. DATE RECD. BY LOCAL REG. 6-26-62 26. REGISTRAR'S SIGNATURE Z. A. Burnett M.D.

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 E. M. Agnew,

Licensed Embalmer No. 4000

P. O. Address Paris, 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.