

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035666

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 15 1962 Primary Registration District No. 3052 Registrar's No. 365

VS 300
Rev. 4/59

6808
30800

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia | | c. CITY OR TOWN Sedalia | |
| Length of stay in lb 3 weeks | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital | | d. STREET ADDRESS (If outside, give location) 5 mile south on South 65 Hi-Way | |
| Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last ALBERT ALPHEUS YOUNG | | 4. DATE OF DEATH Month Day Year October 10, 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-28-1880 |
| 9. AGE (last birthday) 82 | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter | | 10b. KIND OF BUSINESS OR INDUSTRY Building | |
| 11. BIRTHPLACE (City and state or country) Darke County, Ohio | | 12. CITIZEN OF WHAT COUNTRY USA | |
| 13a. FATHER'S NAME George Young | | 13b. MOTHER'S MAIDEN NAME Mary Slack | |
| 14. NAME OF HUSBAND OR WIFE Maybelle Young | | Address Route 1 | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no | | 16. SOCIAL SECURITY NO. 305-14-1104 | |
| 17. INFORMANT Mrs. Iliah Gambee Sedalia, Missouri | | Address Route 1 | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | INTERVAL BETWEEN ONSET AND DEATH 14 days one year | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input 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.) | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 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 Sept. 13, 1962 to OCT. 10, 1962 and last saw alive on OCT. 10, 1962 Death occurred at 12:40p m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE T.S. Hoxsain, M.D. | | 22b. ADDRESS 1609 S. Limit Sedalia, Mo. | |
| 22c. DATE SIGNED 10-11-62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE 10-10-1962 | 23c. NAME OF CEMETERY OR CREMATORY Greenville, Ohio | 23d. LOCATION (City, town, or county) (State) Greenville, Ohio |
| 24. FUNERAL DIRECTOR D.W. Heckart | | 25. DATE RECD. BY LOCAL REG. Oct. 10 - 1962 | |
| ADDRESS Sedalia, Missouri | | 26. REGISTRAR'S SIGNATURE Frances Shelby per N. Anderson | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 31 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 R. Farnum Jr.
Licensed Embalmer No. 5173

P. O. Address Sedalia 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.