

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-037507

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 002 Primary Registration District No. 5018 Registrar's No. 7

FILED NOV 15 1962

VS 300
Rev. 4/59

1 0020
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION
BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Andrew	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Platte		Length of stay in 1b Lifetime	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Platte Co.	
3. NAME OF DECEASED (Type or print) First Middle Last Ethel Gertrude Younger		4. DATE OF DEATH Month Day Year Nov. 1 1962	
5. SEX Female	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 Oct. 22, 1880
9. AGE (last birthday) 81 yrs		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 Home	11. BIRTHPLACE (City and state or country) Flagsprings, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Samuel F. Carter	
13b. MOTHER'S MAIDEN NAME Josephine Black		14. NAME OF HUSBAND OR WIFE Edward C. Younger	
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.	
17. INFORMANT Adeline Seat		Address Rea, 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) Fractured right arm with exposure			INTERVAL BETWEEN ONSET AND DEATH 12 hours
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) Arterio-sclerotic heart disease. Parkinsonism.			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.) Patient fell from ladder and laid in	
20c. TIME OF INJURY 4:00 p.m.		Month, Day, Year 11-1-62	
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.) About home	
20f. CITY, TOWN, OR LOCATION Rea,		COUNTY STATE Andrew Missouri	
21. I attended the deceased from 9-9-60 to 11-1-62 and last saw her ^{her} _{him} alive on 9-26-62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Warren C. Baker M.D.		22b. ADDRESS Savannah, Missouri	
22c. DATE SIGNED 11-5-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 7, 52	
23c. NAME OF CEMETERY OR CREMATORY Whitesville		23d. LOCATION (City, town, or county) (State) Whitesville, Mo.	
24. GENERAL DIRECTOR Roland D. Clark		25. DATE RECD. BY LOCAL REG. King City, Mo 11-9-1962	
26. REGISTRAR'S SIGNATURE Darlene P. Williams			

USE BLACK INK OR TYPEWRITER RIBBON

JUL 2 1963

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 *Robert D. Clark*

Licensed Embalmer No. 4497

P. O. Address *King City, 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.