

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-047779

FILED DEC 26 1962 240

Registration District No. 5824 Primary Registration District No. 37 Registrar's No.

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59
1 0720
2 0720
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4 0
5 1
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7 1
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9 331X
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12 90-0
13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>New Madrid</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: <i>Conran La Front Spring</i>		Length of stay in lb <i>8 Months</i>	c. CITY OR TOWN <i>Conran</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>X</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <i>X</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Charles Marion Young</i>			4. DATE OF DEATH Month Day Year <i>December 19, 1962</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>5-7-1873</i>
9. AGE (last birthday) <i>89</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and state or country) <i>Bath Springs, Tenn.</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>John R. Young</i>	
13b. MOTHER'S MAIDEN NAME <i>Syfronia Price</i>		14. NAME OF HUSBAND OR WIFE <i>Mary Young</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>X</i>	17. INFORMANT Address <i>Mary Young Conran, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebro-vascular accident</i>			INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
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)			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 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 <i>Portageville</i>	COUNTY STATE <i>Mo.</i>
21. I attended the deceased from <i>13 Dec 62</i> to <i>19 Dec</i> and last saw her/him alive on <i>13 Dec 62</i>		Death occurred at <i>1:45 P.M.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>[Signature]</i> M.D.		22b. ADDRESS <i>Portageville, Mo.</i>	22c. DATE SIGNED <i>12-20-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>12-21-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Maple Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Caruthersville, Mo.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Osborn Funeral Home, Wardell, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>12-20-1962</i>	26. REGISTRAR'S SIGNATURE <i>Charles Simpson by N.S. Pender</i>

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 James G. Osburn

Licensed Embalmer No. 4785

P. O. Address Wardell, 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.