

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-019348

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 282

FILED JUN 10 1963

VS 300  
Rev. 4/59

1 0168

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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 <b>CAPE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>SCOTT</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CAPE GIRARDEAU</b>		Length of stay in 1b <b>3 days</b>		c. CITY OR TOWN <b>CHAFFEE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. FRANCIS Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>110 GRAY AVE.</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOHN FRANK YOUNT</b>		4. DATE OF DEATH Month Day Year <b>MAY 24 1963</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 30 1876</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR: Months <b>8</b> Days <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RAILWAY CONDUCTOR (Ret)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FRISCO RLY. Co.</b>		11. BIRTHPLACE (City and state or country) <b>OREGON COUNTY, MO.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>IRA YOUNT</b>		13b. MOTHER'S MAIDEN NAME <b>DOSSIE MARIE HALL</b>	
14. NAME OF HUSBAND OR WIFE <b>JOSIE MARIE YOUNT</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>NO</b>			
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>JOHN FRANK YOUNT JR. CHAFFEE, MO.</b>			
18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>arteriosclerotic HEART Disease</b>					INTERVAL BETWEEN ONSET AND DEATH: <b>6wk</b>
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) <b>Carcinoma of Rectum; Pernicious Anemia</b>					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		COUNTY	STATE
21. I attended the deceased from <b>1961</b> to <b>May 24, 1963</b> and last saw him alive on <b>May 24, 1963</b> Death occurred at <b>6:35</b> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>Hansel Ludwig MD</b>			22b. ADDRESS <b>Cape Girardeau, Mo.</b>		22c. DATE SIGNED <b>3 June 63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>May 26, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNION PARK CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>CHAFFEE, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>6-3-1963</b>		26. REGISTRAR'S SIGNATURE <b>Gene Karter</b>	

USE BLACK INK OR TYPEWRITER RIBBON

RECEIVED BY [unclear]

JUN 11 1988

**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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.