

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025105

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUD

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 225  
**FILED JUL 8 1963**

STATE FILE NUMBER

VS 300	DATE AMENDED	DOCUMENT
Rev. 4/59		
10648		
20870		
3		
4 0		
5 1		
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8 2		
9 493X		
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12 2-0	INSTEAD OF	
13 1-0		
	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	BY AFFIDAVIT OF
	SHOULD READ	
	ITEM NO.	

1. PLACE OF DEATH a. COUNTY <u>MARION</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ralls</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>HANNIBAL</u>		Length of stay in 1b <u>18 days</u>	c. CITY OR TOWN <u>NEW London</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>ST. ELIZABETH HOSP</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>NEW London</u>			
3. NAME OF DECEASED (Type or print) First <u>ROSCOE</u> Middle <u>REUBEN</u> Last <u>YOUNG</u>			4. DATE OF DEATH Month <u>JUNE</u> Day <u>26</u> Year <u>1963</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/11/97</u>	9. AGE (last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u> IF UNDER 24 H Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SECTION HAND</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	11. BIRTHPLACE (City and state or country) <u>GOSS, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES YOUNG</u>		13b. MOTHER'S MAIDEN NAME <u>EFFIE ROBINSON</u>		14. NAME OF HUSBAND OR WIFE <u>EDNA YOUNG</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>YES W.W.I</u>		16. SOCIAL SECURITY NO. <u>7050</u>	17. INFORMANT <u>EDNA YOUNG</u> Address <u>Box 301, NEW London, MO.</u>			
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) <u>Brain damage</u> Conditions, if any, which gave rise to above cause (e), stating the underlying cause last. DUE TO (b) <u>Heat stroke</u> DUE TO (c) <u>meningitis, dehydration + hot weather</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Tuberculosis disease</u> 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>			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 <u>6-8-63</u> to <u>6-26-63</u> and last saw him alive on <u>6-25-63</u> Death occurred at <u>8:00</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) <u>Phillip S. Foreman, MD.</u>			22b. ADDRESS <u>711 Grand Hamilton, Mo.</u>		22c. DATE SIGNED <u>6-26-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>JUN 29, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WALNUT GROVE</u>		23d. LOCATION (City, town, or county) (State) <u>PARIS MO.</u>	
24. FUNERAL DIRECTOR <u>E.H. AGNEW</u>		ADDRESS <u>PARIS, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>June 26, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucho by Phillip S. Foreman</u>		

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

JUL 10 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 E. Wood

Licensed Embalmer No. 5205

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.

Permit issued 6/26/63