

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025340

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 229

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0808

2 0808

3

4 1

5 2

6

7 1

8 2

9 4330F

10

11

12 86-0

13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<b>FILED JUL 8 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Pettis</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sedalia</b>	Length of stay in 1b <b>50 years</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rest Haven Nursing Home</b>	d. STREET ADDRESS (If outside, give location) <b>317 E. Saline</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ANNA MAY YOUNGER</b>	4. DATE OF DEATH Month Day Year <b>June 30, 1963</b>
5. SEX <b>Female</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>8-20-1872</b>
9. AGE (last birthday) <b>90</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>
11. BIRTHPLACE (City and state or country) <b>Humbolt, Kansas</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>John Jones</b>	13b. MOTHER'S MAIDEN NAME <b>Martha Arnold</b>
14. NAME OF HUSBAND OR WIFE <b>Richard F. Younger</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	17. INFORMANT Address <b>Mrs. Nina Fisher, 317 E. Saline, Sedalia, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	<b>Cardiac standstill</b>
INTERVAL BETWEEN ONSET AND DEATH	<b>Sudden</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)
	<b>Arteriosclerosis, generalized.</b>
	DUE TO (c)
	<b>Profound anemia</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bedfast due to fractured neck of rt femur. or mental confusion. 5-2-63.</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>25 April 1960</b> to <b>30 June 63</b> and last saw her alive on <b>11 June 63</b> Death occurred at <b>1:40 P</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Stanley D. Fisher M.D.</b> (Degree & Title)	22b. ADDRESS <b>500 N. 16th Sedalia Missouri</b>
22c. DATE SIGNED <b>7-1-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>7-3-1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>
24. FUNERAL DIRECTOR <b>D.W. Heckart, Gillespie Funeral Home</b>	25. DATE RECD. BY LOCAL REG. <b>July 3, 1963</b>
26. REGISTRAR'S SIGNATURE <b>Francis Shelby, Jr. D. Anderson</b>	

USE BLACK INK OR TYPEWRITER RIBBON

0000  
0000  
0000

**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 A. Farmer, 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.