MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-025340

STATE FILE NUMBER

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

FILED JUL 8 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sedalia — Length of stay in 1b: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Rest Haven Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 317 E. Saline — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ANNA Middle: MAY Last: YOUNGER

4. DATE OF DEATH Month, Day, Year: June 30, 1963

5. SEX: Female **6. COLOR OR RACE:** White **7.** Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ **8. DATE OF BIRTH:** 8-20-1872 **9. AGE** (last birthday): 90 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:** Own Home **11. BIRTHPLACE** (City and state or country): Humbolt, Kansas **12. CITIZEN OF WHAT COUNTRY:** USA

13a. FATHER'S NAME: John Jones **13b. MOTHER'S MAIDEN NAME:** Martha Arnold **14. NAME OF HUSBAND OR WIFE:** Richard F. Younger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service).
16. SOCIAL SECURITY NO.: not given
17. INFORMANT Address: Mrs. Nina Fisher, 317 E. Saline, Sedalia, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac standstill — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized. — 3 years
DUE TO (c) Profound anemia — 3 months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bedfast due to fractured neck of rt femur. & mental confusion. 5-2-63.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 25 April 1960 to 30 June '63 and last saw her/him alive on 11 June 63
Death occurred at 1:40 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Stanley D. Fisher MD.
22b. ADDRESS: 500 N. 16th Sedalia Missouri
22c. DATE SIGNED: 7-1-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b.** DATE: 7-3-1963 **23c.** NAME OF CEMETERY OR CREMATORY: Crown Hill Cemetery **23d.** LOCATION (City, town, or county) (State): Sedalia, Missouri

24. FUNERAL DIRECTOR: D.W. Heckart, Gillespie Funeral Home ADDRESS: Sedalia, Mo.
25. DATE RECD. BY LOCAL REG.: July 3, 1963
26. REGISTRAR'S SIGNATURE: Francis Shelby per D. Anderson

(Licensed Embalmer's Statement on Reverse Side)

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 R. 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.