

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029154

STATE FILE NUMBER

Registration District No. 195 Primary Registration District No. 4309 Registrar's No. 38-63

FILED JUL 16 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 Obol.

2 Obol.

3

4 0

5 1

6

7 1

8 2

9 157X

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Southwest City,		Length of stay in 1b 2 years	c. CITY OR TOWN Southwest City, Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION South Main Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) South Main Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Rev. Ralph Henry Young			4. DATE OF DEATH Month Day Year July 5, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12/7/99
9. AGE (last birthday) 63		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) Methodist Minister		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Denver, Colo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Tom Young	
13b. MOTHER'S MAIDEN NAME Fannie (Unkown)		14. NAME OF HUSBAND OR WIFE Mona Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi No		16. SOCIAL SECURITY NO. NO	
17. INFORMANT Mrs. Young, Southwest City, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the Pancreas			INTERVAL BETWEEN ONSET AND DEATH 6 mo.
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) NO ONE			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.			
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>12-11-62</u> to <u>7-5-63</u> and last saw him alive on <u>7-2-63</u> Death occurred at <u>2:31 P.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>R.E. Warmack, M.D.</i> (Degree or title)		22b. ADDRESS <i>Southwest City, Mo.</i>	22c. DATE SIGNED 7-10-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 7/8/1963	23c. NAME OF CEMETERY OR CREMATORY McKendree Cemetery	23d. LOCATION (City, town, or county) Odesa, Missouri (State)
24. FUNERAL DIRECTOR Downey-Woodard-Mooney, Southwest City,		25. DATE RECD. BY LOCAL REG. 7-13-63	26. REGISTRAR'S SIGNATURE <i>Meroy A. Prueley</i>

USE BLACK INK OR TYPEWRITER RIBBON

JUL 29 1963

REMOVED ISSUED 7/5/63

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 Wayne R. Woodward

Licensed Embalmer No. 5172

P. O. Address Moel, 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.