

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-030975**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 328 Primary Registration District No. 4492 Registrar's No. 19

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB  
AMENDED

**FILED JUL 26 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ORAN</b>		c. CITY OR TOWN <b>ORAN</b>	
Length of stay in 1b <b>32 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RADCLIFF ST.</b>		d. STREET ADDRESS (If outside, give location) <b>RADCLIFF ST.</b>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <b>CORA ELVA YOUNT</b>			4. DATE OF DEATH Month Day Year <b>JULY 19 1963</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/19/1879</b>
9. AGE (last birthday) <b>83</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>IN OWN HOME</b>	
11. BIRTHPLACE (City and state or country) <b>FREDERICKTOWN, MO. U. S. A.</b>		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <b>ISSAC REVELLE</b>		13b. MOTHER'S MAIDEN NAME <b>CHARITY REVELLE</b>	
14. NAME OF HUSBAND OR WIFE <b>GEORGE J. YOUNT</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <b>NO</b>		17. INFORMANT <b>GEORGE J. YOUNT</b> Address <b>ORAN, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE CARDIAC DECOMPENSATION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 HR.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CARDIO-VASCULAR RENAL DISEASE</b>			<b>34RS.?</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>COMA OF ACIDOSIS DUE TO DIABETES MELLITENSUS</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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.) <b>NONE</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>NONE</b>			
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.) <b>NONE</b>	
20f. CITY, TOWN, OR LOCATION <b>NONE</b>		COUNTY STATE	
21. I attended the deceased from <b>6-24-60</b> to <b>7-16-63</b> and last saw her alive on <b>7-16-63</b> Death occurred at <b>7:40 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>H. J. Mosebach, D.O.</b>		22b. ADDRESS <b>ORAN, MO.</b>	
22c. DATE SIGNED <b>7-20-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7/22/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>REVELLE CEMETERY</b>	23d. LOCATION (City, town, or county) <b>MILLCREEK MO.</b>
24. FUNERAL DIRECTOR <b>EARL J. SMITH F. H. ORAN, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>July 23-63</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. Inez Biepling</b>			

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Earl J. Smith*

Licensed Embalmer No. 2676

P. O. Address

*Orem, 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.