

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-033102

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 267 Primary Registration District No. 3099 Registrar's No. 171

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10781

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED AUG 29 1963	
1. PLACE OF DEATH a. COUNTY <u>Peniscot</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Peniscot</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u>	Length of stay in 1b <u>1 day</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Monroe</u> Last <u>Younger</u>	
4. DATE OF DEATH Month <u>August</u> Day <u>20</u> , Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>8-8-1892</u>
9. AGE (last birthday) <u>71</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Jasper, Arkansas</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sam Younger, deceased</u>	
13b. MOTHER'S MAIDEN NAME <u>Nannie Gooch, deceased</u>	
14. NAME OF HUSBAND OR WIFE <u>Bertha Ann Younger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Bertha Ann Younger, Wardell, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>metastatic carcinoma to brain</u> <u>epidermoid Ca. of nasal cord</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>[REDACTED]</u> DUE TO (c) <u>[REDACTED]</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition of PART I (a) <u>Coronary artery disease</u> <u>Chronic pulmonary fibrosis</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 checked="" 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>[REDACTED]</u> Month, Day, Year <u>[REDACTED]</u>	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION <u>Hayti, Mo.</u> COUNTY <u>[REDACTED]</u> STATE <u>[REDACTED]</u>	
21. I attended the deceased from <u>7/27/63</u> to <u>8-20-63</u> and last saw him alive on <u>8-20-63</u> Death occurred at <u>1:15 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22. SIGNATURE & (Degree or title) <u>William D. Boyard M.D.</u>	
22b. ADDRESS <u>Hayti, Mo.</u>	
22c. DATE SIGNED <u>8-27-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>8-22-63</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Portageville Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Portageville, Mo.</u>	
24. FUNERAL DIRECTOR <u>Osborn Funeral Home, Wardell, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>8-23-63</u>	
26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>	

USE BLACK INK OR TYPEWRITER RIBBON

OCT 29 1963
OCT 1 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 James G. Dahm

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.

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