

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 128Primary Registration District No. 2000Registrar's No. 1552STATE FILE NUMBER 0031129

FILED 24 64

PLACE OF DEATH
a. COUNTYGreeneb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWNSpringfield

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Christianc. CITY
OR TOWNNixa

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONBurge-Protestant Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

no street address

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First RubyMiddle MildredLast Young4. DATE
OF DEATHMonth August Day 16 Year 1964

5. SEX

Female

6. COLOR OR RACE

White7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

11/18/1904

9. AGE (last birthday)

60

IF UNDER 1 YEAR

Months 0 Days 0

IF UNDER 24 HR

Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Samuel Nix

13b. MOTHER'S MAIDEN NAME

Nancy Jane Thomas

14. NAME OF HUSBAND OR WIFE

Luther Young, divorced15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)no

16. SOCIAL SECURITY NO.

494 34 6389

17. INFORMANT

Mr. Kenneth Young, Nixa, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary occlusionINTERVAL BETWEEN
ONSET AND DEATH36 hrs.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying 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)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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
INJURYHour
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 1960 to 8-16-64 and last saw her alive on 8-15-64
Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. H. D. Harris

22b. ADDRESS

Springfield, Mo

22c. DATE SIGNED

8-18-6423a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

Aug. 18, 1964

23c. NAME OF CEMETERY OR CREMATORY

Mt. Comfort Cemetery

23d. LOCATION (City, town, or county)

Greene County, Missouri

(State)

24. FUNERAL DIRECTOR

J. H. Harris

ADDRESS

Ozark, Mo.

25. DATE RECD. BY LOCAL REG.

8-21-64

26. REGISTRAR'S SIGNATURE

L. H. Harris

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 L. Harris*

Licensed Embalmer No. 4390

P. O. Address Ozark, 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.