

124 63 0032296

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUB

9. 0
10a. 70
10b.
11. 1
12. 1
13. 601X
14.
15. 9
16.
17.
18. 0
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4.0128
5. 04

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6.0128

PARENTS

CAUSE

CERTIFIER

BURIAL

Registration District No. 43

Primary Registration District No. 307

Registrar's No. 481

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Earl LeRoy Younge					2. male	3. 8-21-69		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)		UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
4. white		5a. 70		5b. MOS. 5c. DAYS	6. 1-10-1899		7a. Butler	
CITY, TOWN, OR LOCATION OF DEATH				INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Poplar Bluff				7c. yes	7d. Poplar Bluff Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
8. Penn.		9. U.S.A.		10. married		11. Ruby Epps Critchfield		
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
12. 306-10-1111-2		13a. Rtd. American Steel Worker		13b. Rtd. American Steel Worker				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
14a. Mo.		14b. Butler	14c. Poplar Bluff		14d. yes	14e. 1104 Lela St.		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
15. Joseph Younge					16. Mary White			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
17a. Ruby Younge				17b. 1104 Lela St., Poplar Bluff, Mo.				
PART I		DEATH WAS CAUSED BY (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18.		IMMEDIATE CAUSE						
		(a) Cerebral Thrombosis						
		(b) Acute Hemorrhagic Stroke						
		(c)						
PART II		OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I					AUTOPSY (YES OR NO)	
		Hemorrhagic Prostate Gland TUR					19a. YES OR NO	
19b.							IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.		20c. M. 20d.				
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
20e.		20f.		20g.				
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	TO	MONTH	DAY	YEAR
21a. I ATTENDED THE DECEASED FROM		8/9/69			21b. 8/21/69			
21c. 8/21/69		21d. 8/21/69		21e. 8/21/69		21f. 8:25p		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
22a.		22b.		22c.		22d.		
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DEGREE OR TITLE		DATE SIGNED (MONTH, DAY, YEAR)		
23a. A. D. Brookreson, M.D.		23b.		23c.		23d.		
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE ZIP		
23d.		23e.		23f.		23g.		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN STATE		
24a. Burial		24b. City Cemetery		24c. Poplar Bluff, Mo.		24d.		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		CITY OR TOWN		STATE		
24e. 8-24-69		25a. Cotrell Funeral Chapel 701 Vine St., Poplar Bluff, Mo.		25b.		25c.		
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25d.		25e.		25f.		25g.		

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

SEP 10 1969

SEP 8 1969

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



Licensed Embalmer No. 5483

P. O. Address 548

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.