

FILED OCT 11 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **31386**

Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **215**

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ellis Prostate Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether)

In this community
years, months or days

3. (a) PRINT FULL NAME WILLIAM O. YOUNG

8. (b) If veteran, name war _____ 8. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Melba Cochran Young 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 23 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Morgan County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business 1

MOTHER FATHER { 12. Name B. F. YOUNG

13. Birthplace Alabama
(City, town, or county) (State or foreign country)

14. Maiden name NANCY McDONALD

15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records

(b) Address Columbia, Mo.

17. (a) Burial (b) Date thereof Oct. 2, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tiffin, Mo.

18. (a) Signature of funeral director Rosecoe MO
(b) Address Rosecoe MO

19. (a) 10/1/48 (b) Allie Selby
(Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Clair
(c) City or town Tiffin
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1948 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 26, 1948, to Sept. 30, 1948, that I last saw him alive on Sept. 30, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death
Arteriosclerotic Heart Disease
Due to Anesthesia and operation
Due to _____

Other conditions Carcinoma of tongue
(Include pregnancy within 3 months of death)
with cervical metastases

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

74 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Emmett M. Bricker (M. D. or other) MD
Address Ellis Prostate Cancer Hosp. Date signed 9-30-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, above space should be left blank.