

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7945

BIRTH NO. _____		REG. - DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>48</u>		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lunklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Presnell Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>408 Kennett St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Herbert</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 26, 49</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Feb. 26, 1948</u>		
9. AGE (in years last birthday) <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (State or foreign country) <u>Kennett, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph S. Young</u>		13b. MOTHER'S MAIDEN NAME <u>Irene Sollars</u>		14. NAME OF HUSBAND OR WIFE _____		
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Joseph S. Young</u> ADDRESS <u>Kennett, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute degeneration of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>measles + pneumonia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4513</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>2-24, 1949</u> , to <u>2-26, 1949</u> , that I last saw the deceased alive on <u>2-26, 1949</u> , and that death occurred at <u>3:40 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>L C Wilson MD</u> (Degree or title)				23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>3-78-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Country</u>		24d. LOCATION (City, town, or county) (State) <u>Missouri</u>		
DATE REC'D BY LOCAL REG. <u>3-30-49</u>		REGISTRAR'S SIGNATURE <u>Carl Husband</u> 90		25. FUNERAL DIRECTOR'S SIGNATURE <u>McDaniel Funeral Service, Inc.</u> ADDRESS <u>Senath, Missouri</u>				

(Licensed Embalmer's Statement on Reverse Side)

Senath, Missouri

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

35
22
2

RECEIVED
District Health Office No 2.
District File Number 449-458
Date Filed 4-5-49

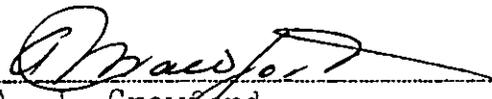
STATEMENT BY LICENSED EMBALMER

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
Student Embalmer

Signed 
A. J. Crawford
Licensed Embalmer No. 4466

P. O. Address Senath, Missouri

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, fact should be so stated above.