

FILED JUN 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15603

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 514	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) 3 Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		39	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>St. John Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>330 S. Dollison</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>J.</u>		c. (Last) <u>Young</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 8, 1949</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 8, 1916</u>	
9. AGE (In years last birthday) <u>33</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>King Fur. Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Minneapolis, Minn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Harry A. Young</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Pavlik</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Catherine Young</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War # 2</u>		16. SOCIAL SECURITY NO. <u>475-16-9806</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mary C. Young Springfield, 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, asphemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture and Internal Injuries</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Auto Accident.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>68166</u> <u>26</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene, Missouri</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 8, 1949 10:30 pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Collision between car & Truck</u> 123			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased living <u>dead</u> on <u>June 8, 1949</u> , and that death occurred at <u>10:40 pm</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Handley</u> Coroner				23b. ADDRESS <u>Woodruff Bldg. Spfld, Mo.</u>		23c. DATE SIGNED <u>6/9/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6/10/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hackensack Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Hackensack, Minn.</u>	
DATE REC'D BY LOCAL REG. <u>6/10/49</u>		REGISTRAR'S SIGNATURE <u>W.F. Handley</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H.H. Lohmeyer Springfield, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 15 1949
JUL 22 1944

JUL 1 1949

VS NOV 1 1966

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

5764 8708

Signed *Walter E Hamilton*

Licensed Embalmer No. 3808

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.