FILED SEP 28 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31136

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4338 Registrar's No. 35

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

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monroe City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 605 S. Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: TILINOIS
b. COUNTY: ADAMS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Quincy
d. STREET ADDRESS (If rural, give location): 714 S 9TH ST.

3. NAME OF DECEASED (Type or Print)
a. (First): Grafton
b. (Middle): Tanquary
c. (Last): Young

4. DATE OF DEATH (Month) (Day) (Year): September 21 - 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 29-1878
9. AGE (In years last birthday): 71 — 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): Retired Sheet Metal Worker.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ralls County Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Fauntloy Young
13b. MOTHER'S MAIDEN NAME: Nancy Ellen Snyder
14. NAME OF HUSBAND OR WIFE: Lillie N Young

15. 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.: Dont Know
17. INFORMANT'S SIGNATURE OR NAME: Mrs Lillie N Young 714 S 9th St
ADDRESS: Quincy Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Essential hypertension — Years
DUE TO (c): generalized arteriosclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: hypertensive arteriosclerotic heart disease — Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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): 331X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 20, 1949, *to* Sept 21, 1949 *that I last saw the deceased alive on* Sept 26, 1949 *and that death occurred at* 9.20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Evan Dhevine R MD
23b. ADDRESS: Monroe City, Mo
23c. DATE SIGNED: Sept 22, 49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept 23rd 1949
24c. NAME OF CEMETERY OR CREMATORY: St Judes Cemetary
24d. LOCATION (City, town, or county) (State): Monroe City Missouri

DATE REC'D BY LOCAL REG.: Sept 22, 1949
REGISTRAR'S SIGNATURE: Olive Little 204 0
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson & Son's Monroe City Mo
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1969

RECEIVED SEP 2 6
District Health Officer
District File Number 9-4
Date Filed SEP 2 6 1949

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 me

Student Embalmer No.

working under my personal supervision.

Signed Leslie L. Nelson

Signed
Student Embalmer

Licensed Embalmer No. 3614

P. O. Address Monroe City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.