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Returned for registration

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

FILED NOV 21 1949

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 38357

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 241

**1. PLACE OF DEATH**
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly 3
c. LENGTH OF STAY (in this place): 6
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wabash RR Yards

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
d. STREET ADDRESS (If rural, give location): 406 E. Logan

3. NAME OF DECEASED (Type or Print): a. (First) Roland b. (Middle) I c. (Last) Young
4. DATE OF DEATH (Month) Nov. 6th (Day) (Year) 1949
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 18th 1912
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 5, Days 18 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman
10b. KIND OF BUSINESS OR INDUSTRY: Wabash R R
11. BIRTHPLACE (State or foreign country): Okla.
12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME: John Young
13b. MOTHER'S MAIDEN NAME: Amy Hale
14. NAME OF HUSBAND OR WIFE: Erma Young
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 491-05-5731
17. INFORMANT'S SIGNATURE OR NAME: Mrs Erma Young — ADDRESS: Moberly Mo

**MEDICAL CERTIFICATION**

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Body — INTERVAL BETWEEN ONSET AND DEATH: F800

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) being unbalanced & falling and Rail Road
DUE TO (c) Cars Passing over body — 11

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accidental
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rail Road Yards
21c. (CITY, TOWN, OR TOWNSHIP) 127 (COUNTY) Moberly (STATE) Randolph Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 11-6-1949-1:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell or was Caught by R. R. Cars as he was switching

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1:10 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Chas R. Barnes (Degree or title) Coroner
23b. ADDRESS: Moberly Mo.
23c. DATE SIGNED: 11-6-49
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov-8th-1949
24c. NAME OF CEMETERY OR CREMATORY: Oakland
24d. LOCATION (City, town, or county) (State): Moberly Mo
DATE REC'D BY LOCAL REG.: Nov 8-49
REGISTRAR'S SIGNATURE: Leale Williams C 269
25. FUNERAL DIRECTOR'S SIGNATURE: Mahan and Son — ADDRESS: Moberly Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 21 1949

NOV 15 1949

RECEIVED
District Health Officer No.
District File Number 11-49-1
Date Filed NOV 15 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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Frank D DeWitt

Signed.....
Student Embalmer

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.