

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39907

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>6128</u>		Registrar's No. <u>37</u>		
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Eminence, Mo</u>		c. LENGTH OF STAY (In this place) <u>50 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Eminence Mo</u>		d. STREET ADDRESS (If rural, give location) <u>rural</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>								
3. NAME OF DECEASED a. (First) <u>Daniel</u>			b. (Middle) <u>Alexander</u>		c. (Last) <u>Young</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov, 2 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>May 25,</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Alabama</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Jacob Young</u>			13b. MOTHER'S MAIDEN NAME <u>Margarette Eudy</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Julia Loftin</u> ADDRESS <u>Eminence, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>				II. OTHER SIGNIFICANT CONDITIONS <u>Infirmities of old age</u>		18. MEDICAL CERTIFICATION <u>Fracture of the femur of right leg.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Eminence, Shannon Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10-28-49</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell from chair</u>				
22. I hereby certify that I attended the deceased from <u>10-9-49</u> , 19 <u>49</u> , to <u>11-2-49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-2</u> , 19 <u>49</u> , and that death occurred at <u>1 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W.T. Eudy</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Eminence, Missouri</u>		23c. DATE SIGNED <u>11-4-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 3 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Summers Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Eminence, Mo</u>		
DATE REC'D BY LOCAL REG. <u>11-14-49</u>		REGISTRAR'S SIGNATURE <u>J. B. Keener</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J.F. Duncan</u>		ADDRESS <u>Mtn View, Mo</u>		

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

RECEIVED 11/14/49

District Health Officer No. 5

District File Number 1149711

Date Filed 11/18/49

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 *John L. Arman*

Licensed Embalmer No. 2516

P. O. Address *W. View St*

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.