

No. 300
10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41806**

FILED JAN 6 1950

Registrar's No. **62**

REG. DIST. NO. **229** PRIMARY REG. DIST. NO. **5804**

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

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| 1. PLACE OF DEATH a. COUNTY Monroe | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Monroe | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Paris, Monroe | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Paris | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION County Infirmary | | d. STREET ADDRESS (If rural, give location) | |
| 3. NAME OF DECEASED a. (First) Roland b. (Middle) Wesley c. (Last) Young | | 4. DATE OF DEATH (Month) (Day) (Year) 12-14-1949 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH 10/13/1859 |
| 9. AGE (In years last birthday) 90 | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 Hrs. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (State or foreign country) Monroe Co Mo | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME John Young | 13b. MOTHER'S MAIDEN NAME Deborah Lee Green | 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) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT'S SIGNATURE OR NAME Manie L. Whitaker | | ADDRESS Stonewille Mo RR 1 | |
| 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) Chronic Myocarditis | | INTERVAL BETWEEN ONSET AND DEATH 2 1/2 W | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) stroke & sinus | | 2 1/2 W | |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 4821 | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> 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) | |
| 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 12-12-1949 , 1949 , to 12-14-1949 , that I last saw the deceased alive on 12-14-1949 , and that death occurred at 1 1/2 m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) Geo. W. [Signature] | | 23b. ADDRESS Paris, Mo. | 23c. DATE SIGNED 12-14-1949 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 12-20-49 | 24c. NAME OF CEMETERY OR CREMATORY Union | 24d. LOCATION (City, town, or county) (State) Union, Monroe Co Mo |
| DATE REC'D BY LOCAL REG. 12-20-49 | REGISTRAR'S SIGNATURE J. A. Barnett | 25. FUNERAL DIRECTOR'S SIGNATURE Wanda [Signature] ADDRESS Union, Mo | |

12-27-49

(Licensed Embalmer's Statement on Reverse Side)

JAN 1 1950
RECEIVED
District Health Officer No. 10
District File Number 1-50-5
Date Filed JAN 1 1950

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

Fred A. Kousfane
Licensed Embalmer No. 1420

P. O. Address Madison, Wis.

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.