

FILED JAN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42151**

| | | | | | | | | |
|--|--|--|--|---|---|---|--|----------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>301</u> | | PRIMARY REG. DIST. NO. <u>6036</u> | | Registrar's No. <u>86</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>Ripley</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ripley</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shirley TWP.</u> | | c. LENGTH OF STAY (in this place) <u>4.5 YEARS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Shirley TWP.</u> | | 91 | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 miles West of Doniphan</u> | | | | d. STREET ADDRESS (If rural, give location) <u>6 miles West of Doniphan</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henderson</u> c. (Last) <u>Young</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 24, 1949</u> | | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | | 8. DATE OF BIRTH <u>March 13, 1861</u> | | |
| 9. AGE (in years last birthday) <u>88</u> | | IF UNDER 1 YEAR Months <u>9</u> Days <u>4</u> | | IF UNDER 1 HRS. Hours <u>---</u> Min. <u>---</u> | | | | |
| 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 <u>Agriculture</u> | | 11. BIRTHPLACE (State or foreign country) <u>Sikeston, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William H. Young</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Mary Mc Mullin</u> | | 14. NAME OF HUSBAND OR WIFE <u>---</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>---</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ollie Farley Ponder, Mo. Route 6</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, asthma; etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u> | | | | | | | | <u>2 Days</u> |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) _____ | | | | |
| | | | | DUE TO (c) _____ | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | <u>4910X</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) | | 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) | | 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 <u>12-29, 1949</u> to <u>12-24, 1949</u> that I last saw the deceased alive on <u>12-23, 1949</u> and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Clifford J. Ponder, M.D.</u> | | | | 23b. ADDRESS <u>Doniphan Mo. Rt. #7</u> | | 23c. DATE SIGNED <u>12-26-49</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>DEC. 26, 1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Wilson Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Doniphan, Mo. Rt. #7</u> | | |
| DATE REC'D BY LOCAL REG. <u>12-26-49</u> | | REGISTRAR'S SIGNATURE <u>E. Q. Johnston</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ray Messers, Doniphan, Mo.</u> | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-3-50
District Health Officer No. 5,
District File Number 15010
Date Filed 1-6-50

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan, 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.