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FILED FEB 10 1950

STANDARD CERTIFICATE OF DEATH

State File No. 43968

DELAYED

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PIKE Rural</u>		c. LENGTH OF STAY (in this place) <u>3 Mon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BESSVILLE, Mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEAR ADVANCE, Mo.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>HENRY</u>		a. (First)		b. (Middle) <u>MARSHAL</u>		c. (Last) <u>YOUNT</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 3 1949</u>		5. SEX <u>M. O</u>		6. COLOR OR FACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>FEB 3, 1869</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>2</u>		IF UNDER 1 HR. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>BOLLINGER Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>JOHNSON YOUNT</u>		13b. MOTHER'S MAIDEN NAME <u>CATHERINE WILLIAMS</u>		14. NAME OF MARRIAGE OFFICER <u>MARY YOUNT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO.</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MARY C. YOUNT</u> ADDRESS <u>GRISHAM, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</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) _____				INTERVAL BETWEEN ONSET AND DEATH*  <u>744X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 <u>1948</u> to <u>2-3</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-2</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. C. Masters</u>				23b. ADDRESS <u>Advance, Mo.</u>		23c. DATE SIGNED <u>12-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLD TRACE CREEK</u>		24d. LOCATION (City, town, or county) (State) <u>BOLLINGER Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-20-1950</u>		REGISTRAR'S SIGNATURE <u>Bennett Moore</u>		360		25. FUNERAL DIRECTOR'S SIGNATURE <u>BAKER FUNERAL HOME</u> ADDRESS	

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

RECEIVED FEB 7 19  
District Health Office No. 9  
District File Number 250-9  
Date Filed

**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 A. J. Baker

Licensed Embalmer No. 3573

P. O. Address Sutcliffe M

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.