

FILED FEB 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. **43969**

BIRTH NO.		REG. DIST. NO. 347		PRIMARY REG. DIST. NO. 6165		Registrar's No. 6	
1. PLACE OF DEATH a. COUNTY STONE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY STONE			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HURLEY		c. LENGTH OF STAY (in this place) 12 YRS.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HURLEY		1940	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOME				e. STREET ADDRESS (If rural, give location) HOME			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) ARTHUR		c. (Last) YOUNG		4. DATE OF DEATH (Month) (Day) (Year) 12 24 1949	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-12-1881	
9. AGE (In years last birthday) 68		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME JOHN YOUNG		13b. MOTHER'S MAIDEN NAME NANCY C. BARE		14. NAME OF HUSBAND OR WIFE ELLEN YOUNG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. ELLEN YOUNG, HURLEY, MO.			
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) Parkinson's disease 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. 10 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						350X	
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) m.		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 1948 , 1948 , to 24th , 1948 , 1949 , that I last saw the deceased alive on 23 her , 1949 , and that death occurred at 11:30 9 m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John Murray M.D.				23b. ADDRESS Stone Mo.		23c. DATE SIGNED 12-26-1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-26-1949		24c. NAME OF CEMETERY OR CREMATORY SHORT CEMETERY		24d. LOCATION (City, town, or county) (State) STONE COUNTY MISSOURI	
DATE REC'D BY LOCAL REG. Jan. 3-20		REGISTRAR'S SIGNATURE Lena Murray		FUNERAL DIRECTOR'S SIGNATURE John Harris		ADDRESS Cleves, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 8 1950

District Health Office No. 6,

District File Number 250-203

Date Filed 2-10-50

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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.