

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5191

State File No. 15580

Registrar's No. 15580

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 5580

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jasper</u> b. CITY OR TOWN <u>Rural, Twin Groves Twpshp</u> c. LENGTH OF STAY (in this place) <u>2 yrs.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mi. South Carl Junction, Mo.</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> c. CITY OR TOWN <u>Rural, Twin Groves Twpshp</u> d. STREET ADDRESS <u>1 Mi. South Carl Junction, Mo.</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Leonard</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Young</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>1-31-1950</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Never Married</u>	<b>8. DATE OF BIRTH</b> <u>3-18-1917</u>
<b>9. AGE</b> (In years last birthday) <u>2</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Joplin, Missouri</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>None</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>None</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>Leonard Young</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Mertie Marie Southard</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Carl Junction, Mo.</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	
<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Leonard Young, Father, Carl Junction, Mo.</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Newly traces bronchitis of childhood</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Lymphadenopathy</u> DUE TO (c) <u>Complicated by laryngeal spasm</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5021</u>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)
<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>		
<b>22. I hereby certify that I attended the deceased from</b> <u>and was not at home</u> , 19 <u>50</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> (Degree or title) <u>Walter M. Cronquist, Registrar</u>		<b>23b. ADDRESS</b> <u>Joplin Nat'l Bank Bldg. Joplin, Mo.</u>	
<b>23c. DATE SIGNED</b> <u>2-5-50</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>Feb 4, 1950</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Forest Park Cem.</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>Joplin Mo.</u>		<b>25. FEDERAL DIRECTOR'S SIGNATURE</b> <u>Don Rowley</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>2/9/50</u>		<b>REGISTERAR'S SIGNATURE</b> <u>W. M. Cronquist</u>	
<b>ADDRESS</b> <u>Carl Jct., Mo.</u>		<b>25. FEDERAL DIRECTOR'S SIGNATURE</b> <u>Don Rowley</u>	

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

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RECEIVED 2-15-50

Jasper County Health Office

County File Number 50-1-75

Date Filed 2-22-50

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 *Harvey E. Ames*

Licensed Embalmer No. 4463

P. O. Address *Wetzel City, 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.