

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8298

BIRTH NO. 13760-50 REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 8

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY <u>Dunklin</u>			a. STATE <u>Missouri</u>		b. COUNTY <u>Dunklin</u>
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural-Union Twp</u>		c. LENGTH OF STAY (in this place) <u>18 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Township Union</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			d. STREET ADDRESS (If rural, give location) <u>Rt. 1</u>		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Unnamed</u>	b. (Middle) <u>Young</u>	c. (Last) <u>Infant</u>	(Month) <u>March</u>	(Day) <u>7</u>	(Year) <u>1950</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>March 6, 1950</u>		9. AGE (In years last birthday) <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Howard Young</u>	13b. MOTHER'S MAIDEN NAME <u>Genevieve Marler</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Howard Young-Campbell, Mo.</u>	ADDRESS <u>Rt. 1</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Life</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Heart disease -</u>		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTICIPATED CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>	
		DUE TO (b) <u>Blue Baby -</u>	
		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>SUICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3/6, 1950, to 3/7, 1950, that I last saw the deceased alive on 3/7, 1950, and that death occurred at 4:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wallace A. Selsey M.D.</u>	23b. ADDRESS <u>Campbell Mo.</u>	23c. DATE SIGNED <u>3/11/50.</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 8, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stevens Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bernie, Mo. Rural</u>
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DATE REC'D BY LOCAL REG. <u>3/14/1950</u>	REGISTRAR'S SIGNATURE <u>Miss Geneal Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Funeral Home, Campbell Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0350

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-21-50

COUNTY FILE NUMBER 350-98

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Not Embalmed

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.