S. No. 300
v. 10-48

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12671

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 445

0396

1. PLACE OF DEATH
a. COUNTY: GREENE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD
c. LENGTH OF STAY (in this place): 24 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CITY HOSPT'L

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: GREENE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPRINGFIELD 0396
d. STREET ADDRESS (If rural, give location): 935 N. HAMPTON

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): EARL
c. (Last): YOUNG

4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 50

5. SEX: MALE
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE U
8. DATE OF BIRTH: FEB-20-1929
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TRUCK DRIVER
10b. KIND OF BUSINESS OR INDUSTRY: UNKNOWN
11. BIRTHPLACE (State or foreign country): SPRINGFIELD MO
12. CITIZEN OF WHAT COUNTRY?: U-S

13a. FATHER'S NAME: EARL YOUNG
13b. MOTHER'S MAIDEN NAME: KATHERINE BOLDEN
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: MRS KATHERINE ONEAL — ADDRESS: 935 N HAMPTON

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, Cervical Vertebra

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.

INTERVAL BETWEEN ONSET AND DEATH: E9025 / 45

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 133
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Phelps & Washington Streets
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Springfield Greene Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 8, 1950 8:30 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? fell backward into a concrete waterway 12 foot below railing on which he was sitting

22. *I hereby certify that I attended the deceased from* 5/8, 1950, *to* 5/9, 1950; *that I last saw the deceased alive on* 5/9, 1950, *and that death occurred at* 11:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lyman D. Brown M.D.
23b. ADDRESS: 311½ Boonville
23c. DATE SIGNED: 5/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-14-50
24c. NAME OF CEMETERY OR CREMATORY: HAZLEWOOD
24d. LOCATION (City, town, or county) (State): SPRINGFIELD MO

DATE REC'D BY LOCAL REG.: 5-12-50
REGISTRAR'S SIGNATURE: W. E. Handley M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: H. V. Smith — ADDRESS: 602 N. Jefferson

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed Herbert V. Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 4286

P. O. Address Springfield

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.