

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6230 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Metz Twp. 11th</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Metz Twp. 10th</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Penick - MO</u>		<u>Penick, MO</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Grace</u> b. (Middle) <u>Young</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-10-50</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 21, 1882</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>20</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Penick, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Osborn Scatchfield</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Scatchfield</u>	14. NAME OF HUSBAND OR WIFE <u>J. W. Young, Penick, MO</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. W. Young</u>	ADDRESS <u>Horston, MO</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		<u>1949 June 15, 1950</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		<u>3 yrs</u>
	DUE TO (c) <u>arteriosclerosis</u>		<u>3 7 yrs</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture Femur, neck</u>		<u>3 July 1949</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Fracture neck femur - Reduction 443X1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Horston Vernon MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 3 1949 6P m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell on floor from bed</u>

22. I hereby certify that I attended the deceased from 25 Feb, 1948, to 10 June 1950, that I last saw the deceased alive on 10 June, 1950, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. B. Bradley M.D.</u>	23b. ADDRESS <u>Nevada MO</u>	23c. DATE SIGNED <u>6-12-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-13-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Penick Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Penick, MO</u>
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DATE REC'D BY LOCAL REG. <u>June 16, 1950</u>	REGISTRAR'S SIGNATURE <u>Kathryn H. Young</u>	331	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bechinger Funeral Home, Nevada, Mo.</u>	ADDRESS <u>Nevada, Mo.</u>
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(Licensed Embroider's Statement on Reverse Side)

No. 300
10.48
1080
WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED 5-24-50
District Health Officer No. 71
District File Number 550-629
Date Filed 6-24-50

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 *Mark Eschmayer*

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.