

FILED AUG 7 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23353

| | | | | | | | | | |
|--|--|---|---|---|--|--|-------------------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 128 | | PRIMARY REG. DIST. NO. 2000 | | Registrar's No. 6701 | | | |
| 1. PLACE OF DEATH a. COUNTY GREENE | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo b. COUNTY Texas | | | | | |
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Springfield | | c. LENGTH OF STAY (In this place) 5 weeks | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cabool | | 1570 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St Johns Hospital | | | | d. STREET ADDRESS (If rural, give location) / | | | | | |
| 3. NAME OF DECEASED (Type or Print) I DA | | | a. (First) | | b. (Middle) | | c. (Last) Young | | |
| 4. DATE OF DEATH | | (Month) July | | (Day) 28 | | (Year) 1950 | | | |
| 5. SEX F | | 6. COLOR OR RACE W. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Feb 19 1870 | | | |
| 9. AGE (In years last birthday) 80 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 HR. Mins. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, give if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Home | | 11. BIRTHPLACE (State or foreign country) Ohio | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME HENRY WAGNER | | | 13b. MOTHER'S MAIDEN NAME LAVINA WAGNER | | | 14. NAME OF HUSBAND OR WIFE GRANT C. 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 Harry Young | | | ADDRESS Wichita, Kan. | |
| 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) Arterial Nephrosclerosis, bilateral | | | | | | INTERVAL BETWEEN ONSET AND DEATH yes | |
| | | 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. Fracture, neck of left femur | | | | | | 4-16 X F 5 weeks | |
| 19a. DATE OF OPERATION None | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | | 21c. (CITY, TOWN, OR TOWNSHIP) Cabool | | (COUNTY) Missouri | | (STATE) | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 20 1950 m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 22. HOW DID INJURY OCCUR? Fell down at home | | | | | |
| 22. I hereby certify that I attended the deceased from June 20, 1950, to July 28, 1950, that I last saw the deceased alive on July 28, 1950, and that death occurred at 1:20 p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) James D. Herberton M.D. | | | | 23b. ADDRESS Springfield, Mo. | | | | 23c. DATE SIGNED 8/3/50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE July 31-50 | | 24c. NAME OF CEMETERY OR CREMATORY Greenwood | | 24d. LOCATION (City, town, or county) Texas Co | | (State) mo | |
| DATE REC'D BY LOCAL REGS. 8-4-50 | | REGISTRAR'S SIGNATURE W. E. Handley M.D. | | | FUNERAL DIRECTOR'S SIGNATURE Alma Schmeyer | | | ADDRESS B. 70 Springfield, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

1950
AUG 8

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 Lee Mason

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.