S. No. 300
v. 10.48

FILED JUL 18 1950

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23858

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4247 Registrar's No. 122

0490

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

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jasper
c. LENGTH OF STAY (in this place): 25 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jasper 0490
d. STREET ADDRESS (If rural, give location): 0

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

4. DATE OF DEATH (Month) (Day) (Year): July 8, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 22, 1892
9. AGE (In years last birthday): 57 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: W. W. Dodd
13b. MOTHER'S MAIDEN NAME: Cora Jane Sutton
14. NAME OF HUSBAND OR WIFE: Theodore 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.:
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Theodore Young, Jasper, Mo.

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): Acute Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cholecystitis

INTERVAL BETWEEN ONSET AND DEATH: 4222

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

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1944, *to* July 8, 1950, *that I last saw the deceased alive on* July 7, 1950, *and that death occurred at* 3:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Darwin Magee, D.O.
23b. ADDRESS: Jasper, Mo
23c. DATE SIGNED: 7/10/1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 12, 1950
24c. NAME OF CEMETERY OR CREMATORY: Lake Cemetery
24d. LOCATION (City, town, or county) (State): Lamar, Mo.

DATE REC'D BY LOCAL REG.: 7/12/50
REGISTRAR'S SIGNATURE: L. B. Clinton, M.D. 139
Per. A. Fry
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Martin Selvey, Sharp & Selvey, Jasper Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-17-50
Jasper County Health Office

County File Number 50-7-531

Date Filed 7-17-50

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~~ Glen A Gibbons, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Glen A Gibbons

Licensed Embalmer No. 4624

P. O. Address [illegible]

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.