

FILED AUG 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26376  
Registrar's No. 51

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 4138		Registrar's No. 51		
1. PLACE OF DEATH a. COUNTY <b>CLINTON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>CLINTON</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>LATHROP</b>		c. LENGTH OF STAY in this place <b>5 2 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>LATHROP</b>		<b>1250</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <b>0</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>ESTELLE</b> b. (Middle) <b>CAMILLE</b> c. (Last) <b>YOUNG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 28 1950</b>					
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Dec. 25, 1862</b>		
9. AGE (In years last birthday) <b>87</b>		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) <b>House Keeper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>CLINTON CO. MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>US.</b>	
13a. FATHER'S NAME <b>Benjamin Young</b>			13b. MOTHER'S MAIDEN NAME <b>Lizzie Hubbard</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lee Young</b>		ADDRESS <b>LATHROP MO</b>		
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b>				<b>2 Wks</b>				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Quintessence</b>				<b>1 Mo</b>				
DUE TO (c) <b>Senile Dementia</b>				<b>4222</b>				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>1 Mo</b>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>May 1, 1950</b> , to <b>June 28, 1950</b> , that I last saw the deceased alive on <b>June 27, 1950</b> , and that death occurred at <b>7:45 a.m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Dr. B. Shaldua</b>				23b. ADDRESS <b>11th St. Lathrop Mo</b>		23c. DATE SIGNED <b>June 28 50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>6-29-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calabow Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Calabow Mo 12960</b>		
DATE REC'D BY LOCAL REG. <b>6-29-50</b>		REGISTRAR'S SIGNATURE <b>Winifred W. Moser</b>		390 25. FUNERAL DIRECTOR'S SIGNATURE <b>DeMoss CRUNK</b>		ADDRESS <b>CAMERON MO</b>		

(Licensed Embalmer's Statement on Reverse Side)

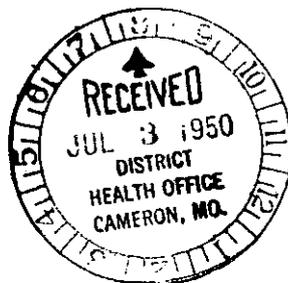
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2750  
1

SEP 26 1950

NOV 1 1950

JUL 19 1950



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 *Harold T. Walker*

Licensed Embalmer No. *4588*

P. O. Address *Linton, 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.