

FILED NOV 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35918

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>3075</u>		Registrar's No. <u>84</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY OR TOWN <u>Dexter</u>		c. LENGTH OF (In this place) <u>30 yrs.</u>		c. CITY OR TOWN <u>Dexter</u>		1031	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, on Stoddard St.</u>				d. STREET ADDRESS (If rural, give location) <u>East Stoddard Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>James</u>		b. (Middle) <u>Arthur</u>		c. (Last) <u>Young</u>	
		4. DATE OF DEATH		(Month) <u>Oct.</u>		(Day) <u>21,</u> (Year) <u>1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 28, 1887</u>	
		9. AGE (In years last birthday) <u>63</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Labor</u>		11. BIRTHPLACE (State or foreign country) <u>9</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S. A.</u>	
13a. FATHER'S NAME <u>James Young</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Mattie Mae Young</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		(If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Nellie Williams</u> ADDRESS <u>Dexter, Mo.</u>	
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) <u>Diabetes</u> ANTECEDENT CAUSES <u>Senility</u> Morbidity 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          <u>26 DX</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 <u>Oct. 10<sup>th</sup> 1950</u> to <u>Oct. 20<sup>th</sup> 1950</u> , that I last saw the deceased alive on <u>Oct. 20, 1950</u> , and that death occurred at <u>7 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. P. Cannon</u> (Degree or title) _____				23b. ADDRESS <u>Dexter Mo.</u>		23c. DATE SIGNED <u>10/23/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walkers Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>North, Bloomfield, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-26-50</u>		REGISTRAR'S SIGNATURE <u>Thelma J. Watkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins</u> ADDRESS <u>Funeral Ser. Dexter, Mo.</u>			

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

RECEIVED

NOV 1 1950

DISTRICT HEALTH OFFICE No. 6

File No. ....

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 .....

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Raymond L. Duffie*

Licensed Embalmer No. *4798*

P. O. Address *Wright, 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.