

FILED MAR 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5771

0941

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 90

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Farmington
c. LENGTH OF STAY (In this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION

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

3. NAME OF DECEASED
a. (First) Wilmer b. (Middle) Rufus c. (Last) Young
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
March 7, 1951

5. SEX male
6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH
April 1, 1884

9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.
66 Months 11 Days 6 Hours 0 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country)
Farmington, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S. A.

13a. FATHER'S NAME
William H. Young

13b. MOTHER'S MAIDEN NAME
Mary Doss

14. NAME OF HUSBAND OR WIFE
Doshia 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 ADDRESS
Doshia Young Farmington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shot wound of the head
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Verdict coroner's jury: "deceased came to his death by suicide"
DUE TO (c) came to his death by suicide
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
6976X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Farmington St. Francois Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
March 7, 51 11:30 AM

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
Shot gun wound

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
Paul Miller Coroner of St. Francois

23b. ADDRESS
Farmington, Mo

23c. DATE SIGNED
3/10/51

24a. BURIAL, CREMATION, REMOVAL (Specify)
burial

24b. DATE
March 11, 1951

24c. NAME OF CEMETERY OR CREMATORY
K. of P.

24d. LOCATION (City, town, or county) (State).
Farmington, Missouri

DATE REC'D BY LOCAL REG.
Mar 10, 1951

REGISTRAR'S SIGNATURE
Ethel R. ...

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
C. H. Cozart Farmington, Mo.

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAR 12 1951

RECEIVED

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 _____

C. H. Cozart

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.