

FILED APR 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7751

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 126

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Gir	
b. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau	
c. LENGTH OF STAY (If in the hospital or institution) a few minutes		d. STREET ADDRESS (If rural, give location) 207 N. Henderson	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Anna Mae b. (Middle) Ruth c. (Last) Young			4. DATE OF DEATH (Month) (Day) (Year) Mar. 23 1951		
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12, 1933	9. AGE (In years last birthday) 17	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hosiery Mill		10b. KIND OF BUSINESS OR INDUSTRY Hosiery Looper		11. BIRTHPLACE (State or foreign country) Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME W. D. Mouser		13b. MOTHER'S MAIDEN NAME Reda Vae Rannels		14. NAME OF HUSBAND OR WIFE Billy Gene Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 491-36-1794		17. INFORMANT'S SIGNATURE OR NAME ADDRESS W. D. Mouser Millersville, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures bruises and Lacerations		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				E 8161 26	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) traumatic Automobile Accident with severe serigal shock	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION nib				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.) HiWay 25S. Of Apleton		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Shawnetown Cape Gir Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 23 51 P.M.		21g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile Accident	

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) E. R. Dickey, Coroner 3		23b. ADDRESS 4.S. Pacific St Cape Girardeau Mo		23c. DATE SIGNED Mar 24 51	
24a. BURIAL, CREMATION (Specify) Burial		24b. DATE Mar. 25, 1951		24c. NAME OF CEMETERY OR CREMATORY Russell Heights	
				24d. LOCATION (City, town, or county) (State) Jackson, Missouri	

DATE REC'D BY LOCAL REG. 3-25-1951		REGISTRAR'S SIGNATURE C. C. Summers		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McComb's Undertaking Co Jackson Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

APR 3 1951

DISTRICT HEALTH OFFICE No. 6

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 Thos. K. Allen

Licensed Embalmer No. 4055

P. O. Address. Jackson

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.