

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22777

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 585-A

1. PLACE OF DEATH a. COUNTY CRICK		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE Arkansas b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) 8030	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Springfield Baptist Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Annie b. (Middle) Elzada c. (Last) Youngblood			4. DATE OF DEATH (Month) (Day) (Year) July 3, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, EVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH July 20, 1883		9. AGE (In years last birthday) 67 if under 1 year Months Days if under 1 mo. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Green Forest, Arkansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME John Abraham			
13b. MOTHER'S MAIDEN NAME Mary Ann White		14. NAME OF HUSBAND OR WIFE ---			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mr. Waldo Bass - Green Forest, Ark. ADDRESS	
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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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis		DUE TO (b) Arterio-ventricular Fibrillation				2 days	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) Myocardosis				1 yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Senility & arteriosclerosis					

19a. DATE OF OPERATION 7/2/51		19b. MAJOR FINDINGS OF OPERATION Intestinal resection & Anostomosis				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) neither		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4222			
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 **July 2, 1951**, to **July 3, 1951**, that I last saw the deceased alive on **July 3, 1951**, and that death occurred at **4:18 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Glennwood B. Hall M.D.		23b. ADDRESS Springfield, Mo.		23c. DATE SIGNED 7/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-6-51		24c. NAME OF CEMETERY OR CREMATORY Glennwood Cemetery	
24d. LOCATION (City, town, or county) (State) Green Forest, Ark.		25. FUNERAL DIRECTOR'S SIGNATURE Nelson Funeral Home ADDRESS Burysville, Ark.			
DATE REC'D BY LOCAL REG. 7-11-51		REGISTRAR'S SIGNATURE W E Handley			

(Licensed Embalmer's Statement on Reverse Side)

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

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1-1-1917

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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 John E. Myers
Licensed Embalmer No. 3220

P. O. Address 289 - Bernville, Pa.

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.