

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30710

State File No. ....

FILED OCT 8 1951

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>72</u>		
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora, MO.</u>		055		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>214 W. ANDERSON</u>				d. STREET ADDRESS (If rural, give location) <u>214 W. ANDERSON</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALCY</u>			b. (Middle) <u>MEDILINE</u>		c. (Last) <u>YOUNG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 15-1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>MAY 4-1871</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LAWRENCE COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>		
13a. FATHER'S NAME <u>John STEWARD</u>		13b. MOTHER'S MAIDEN NAME <u>MEDILINE GAMBLE</u>		14. NAME OF HUSBAND OR WIFE <u>JAMES YOUNG</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>HEYMA YOUNG VEIDNA 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Hemorrhage</u> ANTECEDENT CAUSES <u>Pulmonary TB &amp; Coronary</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>002X</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>April 1, 1945</u> to <u>Sept 15, 1951</u> , that I last saw the deceased alive on <u>Sept 14, 1951</u> , and that death occurred at <u>3:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. HARRON, M.D.</u> (Degree or title)				23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>Sept 16-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/17/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ZION CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MARYLAND, MO.</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 20-51</u>		REGISTRAR'S SIGNATURE <u>Ora Mc Natt</u> 157		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dean L. Hark, Aurora, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED OCT 1 1951

Dist. File 10-27-1249

Date Filed 10-27-51

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 \_\_\_\_\_

Kenneth E. Hayes  
working under my personal supervision.

Student Embalmer No. 428

Student Kenneth E. Hayes  
Student Embalmer

Signed Quar L. Marshall

Licensed Embalmer No. 3812

P. O. Address Springfield, 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.