

3. No. 300
10. 48

FILED NOV 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34028

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5369 Registrar's No. 387

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Hickman Mills</u>		c. CITY OR TOWN <u>Hickman Mills, Brooking</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>87th St. & Raytown Rd.</u>		d. STREET ADDRESS (If rural, give location) <u>87th St. & Raytown Rd.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>YOUNGS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 16 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 6, 1870</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u>	IF UNDER 2 HRS. Hours <u>12</u> Min. <u>40</u>
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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>Golden Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>NATHANIEL SUTTON</u>	13b. MOTHER'S MAIDEN NAME <u>ANN RECTOR</u>	14. NAME OF HUSBAND OR WIFE <u>FRANK YOUNGS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. E. L. Hamilton</u>	ADDRESS <u>Hickman Mills, Mo.</u>
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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) <u>Coronary thrombosis</u>		<u>No known</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____		<u>1.5 yrs?</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>		<u>2 years</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Raytown MO (MO)</u>
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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? _____
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22. I hereby certify that I attended the deceased from November 1949, to Oct., 1951, that I last saw the deceased alive on Oct 15, 1951, and that death occurred at 1:40 A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. M. Davis M.D.</u> (Degree or title)	23b. ADDRESS <u>Raytown MO</u>	23c. DATE SIGNED <u>10/16/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>10/18/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Higginwood City</u>	24d. LOCATION (City, town, or county) (State) <u>Higginwood MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct 17 1951</u>	REGISTRAR'S SIGNATURE <u>James L. Davis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. F. Baker</u> ADDRESS <u>Higginwood MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

ACT 28 RECD

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.

Signed W. H. Zader

Signed _____
Student Embalmer

Licensed Embalmer No. 4269 4-269

P. O. Address Thigpenville, Md.

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.