

U.S. No. 300  
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38491**  
Registrar's No. **280**

FILED DEC 7 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056**

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

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MOBERLY</b> b. COUNTY <b>Randolph</b>	
b. CITY OR TOWN <b>Moberly</b>		c. CITY OR TOWN <b>Moberly</b>	
c. LENGTH OF STAY (Institution place) <b>Life</b>		d. STREET ADDRESS (If rural, give location) <b>808 W. Coates St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wabash RR Station</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>E</b> c. (Last) <b>Young</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 27 1951</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>July 14 1885</b>		9. AGE (In years last birthday) <b>66</b>		10. MONTHS <b>4</b> DAYS <b>13</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Conductor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wabash RR</b>		11. BIRTHPLACE (State or foreign country) <b>Mo</b>	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME <b>Reuben Young</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Enochs</b>		14. NAME OF HUSBAND OR WIFE <b>Daisy</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <b>703-01-1352</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs D.E. Young</b> ADDRESS <b>Moberly, Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <b>2 minutes</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY THROMBOSIS</b>		DUE TO (b) <b>Chronic CORONARY SCLEROSIS 3 1/2 yrs</b>					
DUE TO (c) <b>HYPERTENSIVE VASC. DIS. 7-8 yrs</b>		DUE TO (d) <b>none</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION <b>0</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Nov 1**, 19**49**, to **Nov 27**, 19**51**, that I last saw the deceased alive on **Nov 15**, 19**51**, and that death occurred at **9:35 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Henry T. Baker M.D.</b> (Degree or title)		23b. ADDRESS <b>Moberly, Missouri</b>		23c. DATE SIGNED <b>Nov 28 '51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Nov. 30 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oakland</b>	
24d. LOCATION (City, town, or county) (State) <b>Moberly, Mo</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mahon and Son</b> ADDRESS <b>Moberly Mo</b>			
DATE REC'D BY LOCAL REG. <b>11/30/51</b>		REGISTRAR'S SIGNATURE <b>Charles E. Coulb</b>			

DEC 2 1951

Date Received: DEC 3 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-51-2215  
Date Filed: DEC 5 1951

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 Frank D. DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.