

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 40572

FILED DEC 31 1951

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Illinois</b> b. COUNTY <b>Hardin #120</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SAVANNAH</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ROSI CLARE</b>	
c. LENGTH OF STAY (in this place) <b>2 days</b>		8	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Dr. Nichols Hospital</b>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ernest</b> b. (Middle) c. (Last) <b>YOUNG</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-13-1951</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>m</b>	8. DATE OF BIRTH <b>2-28-1884</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Days <b>9</b> Hours <b>25</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SPAR mines</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Guard</b>	11. BIRTHPLACE (State or foreign country) <b>Saline Co Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>

13a. FATHER'S NAME <b>Martin Young</b>		13b. MOTHER'S MAIDEN NAME <b>Febe Williams</b>		14. NAME OF HUSBAND OR WIFE <b>Gertrude Young</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>334-16-9581</b>		17. INFORMANT'S SIGNATURE OR NAME / ADDRESS <b>Essie Young Elizabeth Tom Ill.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crowning Occlusion</b>  ANTECEDENT CAUSES <b>Marbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 hours</b>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4201</b>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 **Dec 12**, 1951, to **Dec 13**, 1951, that I last saw the deceased alive on **Dec 13**, 1951, and that death occurred at **8<sup>30</sup> a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J.G. Ottman, M.D.</b>		23b. ADDRESS <b>Savannah Mo</b>		23c. DATE SIGNED <b>Dec 13-1951</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-14-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rosiclar Ill.</b>	

DATE REC'D BY LOCAL REG. <b>12-17-51</b>		REGISTRAR'S SIGNATURE <b>Kelvin Sparks</b>		25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS <b>Breit Funeral Home Savannah Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 E. C. Preit

Licensed Embalmer No. 2650

P. O. Address Swanwick 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.