

S. No. 300
V. 10.48

FILED JAN 8 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43905

BIRTH NO. _____ REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4545 Registrar's No. 69

1. PLACE OF DEATH
a. COUNTY WEBSTER
b. CITY OR TOWN MARSHFIELD
c. LENGTH OF STAY (in this place) LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE MO b. COUNTY WEBSTER
c. CITY OR TOWN MARSHFIELD MO
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) DAVID b. (Middle) EARL c. (Last) YOUNG
4. DATE OF DEATH (Month) (Day) (Year) DEC 11 1951

5. SEX M D 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH FEB 10 1891 9. AGE (in years last birthday) 60 10. MONTHS 10 11. DAYS 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) NIANGUA MO
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME THOMAS YOUNG 13b. MOTHER'S MAIDEN NAME JANE MATHIS 14. NAME OF HUSBAND OR WIFE CHARA YOUNG

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 500-10-3557
17. INFORMANT'S SIGNATURE OR NAME ADDRESS CHARA YOUNG MARSHFIELD

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic Leukemia, Chronic
INTERVAL BETWEEN ONSET AND DEATH 3 yrs
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid 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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

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) 2040

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1948, to Dec. 11, 1951, that I last saw the deceased alive on Dec. 11, 1951, and that death occurred at 2:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE C.R. Macdonnell, M.D. (Degree or title)
23b. ADDRESS Marshfield, Mo.
23c. DATE SIGNED Dec. 12 '51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 12-14-1951
24c. NAME OF CEMETERY OR CREMATORY BLACK OAK
24d. LOCATION (City, town, or county) (State) WEBSTER CO. MO

DATE REC'D BY LOCAL REG. 12-19-51
REGISTRAR'S SIGNATURE Francis 392
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS BARBERBARTO MARSHFIELD

(Licensed Embalmer's Statement on Reverse Side)

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

1120

JUN 4 1958

JUN 8 1958

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 Julian G. ...

Licensed Embalmer No. 4568

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.