

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8766

State File No.

FILED MAR 25 1952
15387

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 138

0495
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1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. <u>Conrokee</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>Joplin</u>	c. LENGTH OF STAY (If in institution) <u>18 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Galena</u> <u>8150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St John's Hospital</u>		d. STREET ADDRESS <u>14th & Galena Ave</u>	

3. NAME OF DECEASED (Type or Print) <u>Ottis Eugene Youngblood Jr</u>	c. (Last) <u>Jr</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 18 1952</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Mar 18 1952</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>Joplin Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U</u>

13a. FATHER'S NAME <u>Ottis E. Youngblood Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Betty Lamb</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (No no. or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ottis Youngblood Sr.</u>	ADDRESS <u>Galena, Ks</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis, Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity 3 mo</u>		
	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 <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>Galena (Kans.)</u>
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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 10 am 18 Mar, 1952, to 10 pm, 1952, that I last saw the deceased alive on 18 Mar, 1952, and that death occurred at 10 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert G. Powell</u>	(Degree or title)	23b. ADDRESS <u>Galena Kans</u>	23c. DATE SIGNED <u>21 Mar 52</u>
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24a. BURIAL, CREMATION, REINTERMENT (Specify) <u>Reinterment</u>	24b. DATE <u>Mar. 18 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest</u>	24d. LOCATION (City, town, or county) (State) <u>Galena Kans.</u>
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DATE REC'D BY LOCAL REG. <u>3-22-52</u>	REGISTRAR'S SIGNATURE <u>By Dallas Sampkins</u>	138	25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Suman</u>	ADDRESS <u>Galena, Ks</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-24-52

Jasper County Health Office

County File Number 52/3/243

Date Filed 3-24-52

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 Harold Deuma

Signed _____
Student Embalmer

Licensed Embalmer No. 2067 Kans

P. O. Address Salina, Kas

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.