

MAY 12 1952

STANDARD CERTIFICATE OF DEATH

State File No. 13376

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5385 Registrar's No. 114126

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Madison		c. CITY (If outside corporate limits, write RURAL and give township) Rural Madison	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) Reeds, Mo. Route # 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) Reeds, Mo. Route # 1			

3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) Anita c. (Last) Young			4. DATE OF DEATH (Month) (Day) (Year) April 29, 1952		
5. SEX female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH Nov. 2, 1950		9. AGE (In years last birthday) 1		10. UNDER 1 YEAR Months Days	
11. UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) Carthage, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME Charles Young		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
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. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Young Reeds, Mo. Route #1	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar Skull Fracture		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Break injury skull etc			
		DUE TO (c) a result of crush under tractor wheel			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		E9120 22	

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) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) RT#1 REEDS JASPER MO.	
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? OLDER BROTHER DRIVING FARM TRACTOR CHILD RAN TOWARD TRACTOR UNDER WHEEL AND WAS CRUSHED TO DEATH	

22. I hereby certify that I attended the deceased from Did N98 ATTEND, 1952, that I last saw the deceased alive on 4-29, 1952, and that death occurred at 12:12 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. C. Deuster, M.D.</u>		23b. ADDRESS <u>3900 N. 1st St., Jasper, Mo.</u>		23c. DATE SIGNED <u>4-29-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 1, 1952		24c. NAME OF CEMETERY OR CREMATORY Harvey Cemetery	
24d. LOCATION (City, town, or county) (State) Jasper County, Mo.		DATE REC'D BY LOCAL REG. <u>4-30-52</u>		REGISTRAR'S SIGNATURE <u>L. B. Elliott, M.D.</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u>		ADDRESS <u>Carthage, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

490
1

RECEIVED 8-8-52
Jasper County Health Office

County File Number 52/5/347

Date Filed 8-9-52

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.

Student _____
Student Embalmer

Signed

Ray B. Rose

Licensed Embalmer No. 4779

P. O. Address *Parthage, 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.