

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21044**

FILED JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 57

1. PLACE OF DEATH
a. COUNTY **Lafayette**
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Lexington**
c. LENGTH OF STAY (in this place) **1 1/2 hr.**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **Lexington Memorial Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Lafayette**
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Lexington**
d. STREET ADDRESS (If rural, give location) **Southwest Blvd.**

3. NAME OF DECEASED (Type or Print) (First) **Clara**, (Middle) **Katherine**, (Last) **Young**
4. DATE OF DEATH (Month) **June**, (Day) **20**, (Year) **1952**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **September 12, 1895** 9. AGE (In years last birthday) **56** Months **9** Days **8** Hours **Min.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **own home** 11. BIRTHPLACE (City and State or Foreign Country) **Russellville, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Gus A. Green** 13b. MOTHER'S MAIDEN NAME **Missouri West** 14. NAME OF HUSBAND OR WIFE **Geo. F. Young**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **none** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Geo. F. Young** ADDRESS **Lexington, Missouri**

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) **Fractured skull + brain injury**
ANTECEDENT CAUSES **Fell from porch down cellar steps**
9 hrs home striking head
DUE TO (b) **Accident at 5:10 P.M. Died at Bright**
DUE TO (c) **Memorial Hospital at 6:55 P.M.**
II. OTHER SIGNIFICANT CONDITIONS **E9000**
21
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **no operation** 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **at her home** 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) **Lexington Lafayette Co. Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **June 20 1952 5:40 P.M.** 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR **Fell from porch down cellar steps**

22. I hereby certify that I attended the deceased from **after death**, **104**, **June 20**, **1952**, that I last saw the deceased alive on **19** and that death occurred at **6:58 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **W. Martin M.D. Carney** (Degree or title) **3** 23b. ADDRESS **Osborne, Mo.** 23c. DATE SIGNED **6-20-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **June 23, 1952** 24c. NAME OF CEMETERY OR CREMATORY **Maohpelah** 24d. LOCATION (City, town, or county) (State) **Lexington, Missouri**

DATE REC'D BY LOCAL REG. **6-27-52** REGISTRAR'S SIGNATURE **156-0** 25. FUNERAL DIRECTOR'S SIGNATURE **Wm. E. Eastabrook** ADDRESS **156-0**

(Licensed Embalmer's Statement on Reverse Side)

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

542
0

FEB 20 1953

FEB 20 1953

JUN 19 1953

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 *L. W. McKean* _____

Licensed Embalmer No. *2983* _____

P. O. Address *Springer, Missouri* _____

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.