

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41259**
Registrar's No. **219**

FILED DEC 5 1952

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. _____

1003

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

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SCOTT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON		1003	
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 NORTH ST			d. STREET ADDRESS (If rural, give location) 210 NORTH ST			
3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) CULFON c. (Last) YOUNG			4. DATE OF DEATH (Month) (Day) (Year) 11-16-1952			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAR 15 1894	9. AGE (in years last birthday) 58	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET.		10b. KIND OF BUSINESS OR INDUSTRY MGR. RADIO STATION	11. BIRTHPLACE (City and State or Foreign Country) BERTRAND MO (1)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JOHN A. YOUNG		13b. MOTHER'S MAIDEN NAME LILLY BETTIE BUSH		14. NAME OF HUSBAND OR WIFE HAZEL		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Harry C. Young Jr. Sikeston Mo				
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 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.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from Nov. 13, 1949 , to Nov. 13, 1952 , that I last saw the deceased alive on Nov. 13, 1952 , and that death occurred at 1:45 p.m. , from the causes and on the date stated above.						
23a. SIGNATURE [Signature]			23b. ADDRESS Sikeston, Mo.		23c. DATE SIGNED 11-24-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-18-1952	24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) SIKESTON MO.			
DATE REC'D BY LOCAL REG. 11-25-52	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Welch Funeral Home Sikeston Mo				

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RECEIVED

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 1252-324

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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 Raymond J. Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.