

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41412

State File No.

FILED JAN 5 1953

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 3000		Registrar's No. 741	
1. PLACE OF DEATH a. COUNTY Adair				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa b. COUNTY Wapello			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville		c. LENGTH OF STAY (in this place) 3 da		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ottumwa		8193	
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hospital				d. STREET ADDRESS (If rural, give location) 1201 S. Sheridan			
3. NAME OF DECEASED (Type or Print) a. (First) Roy		b. (Middle) D.		c. (Last) Young		4. DATE OF DEATH (Month) (Day) (Year) Dec. 30, 1952	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 9, 1886	
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Foreman				10b. KIND OF BUSINESS OR INDUSTRY Morrell Packing		11. BIRTHPLACE (State or foreign country) Batavia, Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.				13a. FATHER'S NAME Andrew Young		13b. MOTHER'S MAIDEN NAME Martha Cline	
13c. NAME OF HUSBAND OR WIFE Essie Young				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. 481-05-0783	
17. INFORMANT'S SIGNATURE OR NAME Essie Young, Ottumwa, Iowa.				18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH 5 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				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"/>			
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 Dec 26, 1952 to Dec 30, 1952 , that I last saw the deceased alive on Dec 30, 1952 and that death occurred at 4:45 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. T. Rhoads, D.O.				23b. ADDRESS Kirksville, Mo		23c. DATE SIGNED 12-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/30/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Lawn		24d. LOCATION (City, town, or county) (State) Ottumwa, Iowa	
DATE REC'D BY LOCAL REG. 12-30-52		REGISTRAR'S SIGNATURE Wate Lambert		25. FUNERAL DIRECTOR'S SIGNATURE Frank M. Pyle		ADDRESS Kirksville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Richard W. Randall

Signed.....

Student Embalmer

Licensed Embalmer No. *4866*

P. O. Address *Fairville, 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.