

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41504**

FILED DEC 31 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **32** PRIMARY REG. DIST. NO. **5109** Registrar's No. **68**

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>BOLLINGER</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL CROOKED CREEK</b>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL CROOKED CREEK</b> <b>0090</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) <b>NEAR PATTON</b>		

3. NAME OF DECEASED (Type or Print) <b>HARLEY</b>		a. (First)	b. (Middle) <b>T.</b>	c. (Last) <b>YOUNT</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 17 1952</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>JUNE 19 1888</b>	9. AGE (In years last birthday) <b>64</b>	# UNDER 1 YEAR <b>5</b>	# UNDER 1 MONTH <b>28</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Bollinger Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Zenith Yount</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Riffle</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Alta Yount</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>487-24-3117</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alta Yount</b>		ADDRESS <b>patton Mo.</b>	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <b>year</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		DUE TO (b) <b>Atherosclerosis</b>						
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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 <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 10**, 19**52**, to **Dec 17**, 19**52**, that I last saw the deceased alive on **Dec 17**, 19**52**, and that death occurred at **6:40 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Everette L. Prid D.D.</b>		23b. ADDRESS <b>Lutesville Mo.</b>		23c. DATE SIGNED <b>12-27-52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/20/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>patton Cemetary</b>		24d. LOCATION (City, town, or county) (State) <b>patton Mo</b>	
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DATE REC'D BY LOCAL REG. <b>Dec 27 1952</b>		REGISTRAR'S SIGNATURE <b>Willie Van Amburgh</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robber Funeral Home</b>		ADDRESS <b>Lutesville, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48  
0090

Nov. 11, 1952

**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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, Va.

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.