

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42742

State File No.

FILED DEC 24 1952

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4277 Registrar's No. 100

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u> | |
| b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <u>Verona</u> | | c. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN <u>Verona</u> <u>0550</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Delivery</u> | | d. STREET ADDRESS (If rural, give location) <u>General Delivery</u> <u>6</u> | |

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|-------------------------------------|--------------------------|-------------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Stella</u> | b. (Middle) <u>Edna</u> | c. (Last) <u>Young</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13, 1952</u> |
|-------------------------------------|--------------------------|-------------------------|------------------------|--|

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|----------------------|-------------------------------|--|---------------------------------------|---|---|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u> | 8. DATE OF BIRTH <u>July 16, 1891</u> | 9. AGE (In years last birthday) <u>61</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|--|---------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Barry County, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John E. Johnson</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Jane Nelson</u> | 14. NAME OF HUSBAND OR WIFE <u>Vinton C. Young</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Vinton C. Young</u> | ADDRESS <u>Verona, Mo.</u> |
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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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Breast</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>about 4 yrs.</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>no.</u> | | |
| | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION <u>1948</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma adenoma</u> | 20. AUTOPSY? <u>170X</u> YES <input type="checkbox"/> NO <input checked="" 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) |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from Nov 15, 1952, to Dec. 13, 1952, that I last saw the deceased alive on Nov 11, 1952, and that death occurred at 9:30 m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>R.A. Cowan</u> | (Degree or title) <u>md</u> | 23b. ADDRESS <u>Aurora, Mo.</u> | 23c. DATE SIGNED <u>12/20/52</u> |
|----------------------------------|-----------------------------|---------------------------------|----------------------------------|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>12/14/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Spring River Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Verona, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>Dec. 17, 1952</u> | REGISTRAR'S SIGNATURE <u>Oscar Mc Nott 157</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar L. Marsh</u> | ADDRESS <u>Aurora, Mo.</u> |
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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 *Gene H. Parent*
Licensed Embalmer No. *4809*
P. O. Address *Wusasa, Me*

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.