

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18487
State File No. 18487
Registrar's No. 177

FILED JUN 5 1953

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 7246

1. PLACE OF DEATH a. COUNTY <u>JASPEY</u>		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPEY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARL JUNCTION</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>15th Duquene</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm</u> b. (Middle) <u>JAMES</u> c. (Last) <u>YOUNG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-22-53</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1/27/1876</u>
9. AGE (In years last birthday) <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GROCEER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>	11. BIRTHPLACE (State or foreign country) <u>ALTON ILL.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>ADAM YOUNG</u>	
14. MOTHER'S MAIDEN NAME <u>MERRYETTA CHAPMAN</u>		15. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give year or dates of service)		17. SOCIAL SECURITY NO. <u>NO</u>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lymphatic Leukemia</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>2040</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>5-6</u> , 1953, to <u>5-22</u> , 1953, that I last saw the deceased alive on <u>5-22</u> , 1953, and that death occurred at <u>2:50 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Dr. W. D. Frisco</u>		23b. ADDRESS <u>Bellevue Joplin</u>	
23c. DATE SIGNED <u>5/23/53</u>		24a. BURIAL, CREMATION, REMOVAL <u>BURIAL</u>	
24b. DATE <u>5/25/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FOREST PARK Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. L. BUTLER</u>	
DATE REC'D BY LOCAL REG. <u>5-25-53</u>		REGISTRAR'S SIGNATURE <u>Madeline Switzer</u>	
ADDRESS <u>422 89th Joplin, Mo</u>		ADDRESS <u>422 89th Joplin, Mo</u>	

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

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RECEIVED 6-1-53
Jasper County Health Office

County File Number 53-6-478
Date Filed 6-1-53

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.

Signed.....
Student Embalmer

Signed *Bob Glover*
Student Embalmer No.

Licensed Embalmer No. 4593

P. O. Address *Joplin, 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.