

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

DR. LEMMON  
31552  
State File No. ....

FILED OCT 5 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 899-A

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GREENE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>SPRINGFIELD</u>	c. LENGTH OF STAY (in this place) <u>20 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>SPRINGFIELD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>838 W. MONROE TERRACE</u>		d. STREET ADDRESS (If rural, give location) <u>838 W. MONROE TERRACE</u>	

3. NAME OF DECEASED (Type by Print) a. (First) <u>AMELIA</u>	b. (Middle)	c. (Last) <u>YOUNG</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 23 1953</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>NEVER MARRIED</u>	8. DATE OF BIRTH <u>OCT. 19 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>REGISTERED NURSE</u>	11. BIRTHPLACE (State and foreign country) <u>BROOKFIELD SEBASTON COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>HENRY YOUNG</u>	13b. MOTHER'S MAIDEN NAME <u>SYRENA SMITH</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES W.W. # 1</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CALVIN YOUNG</u> ADDRESS <u>INDEPENDENCE, 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 of rectum (adenocarcinoma)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>" " breast</u>		
	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"/>
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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 1-2, 1953, to 9-23, 1953, that I last saw the deceased alive on 9-22, 1953, and that death occurred at 5:30p m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Blummond MD</u> (Degree or title)	23b. ADDRESS <u>Springfield</u>	23c. DATE SIGNED <u>9-25-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9/25/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. MARY</u>	24d. LOCATION (City, town, or county) (State) <u>SPRINGFIELD, MO.</u>
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DATE REC'D BY LOCAL REG. <u>9-28-53</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. LOHMEYER</u> ADDRESS <u>SPRINGFIELD, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

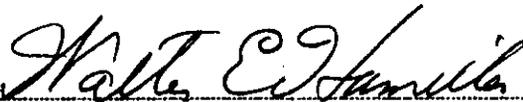
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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.