

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43750

State File No. ....

FILED JAN 4 1954

BIRTH NO. ....		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>3048</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Maryville</u>		c. LENGTH OF STAY (In this place) <u>3 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Guilford</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 53</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HOLLIS</u>		b. (Middle) <u>EGEPT</u>		c. (Last) <u>YOUNG</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2/25/79</u>	
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>		IF UNDER 12 HRS. Hours <u>    </u> Min. <u>    </u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>		11. BIRTHPLACE (State or foreign country) <u>Louisville, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Young</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Nix</u>		14. NAME OF HUSBAND OR WIFE <u>Maggie Graves Young</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>    </u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Hollis E. Young, Guilford, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis &amp; Atherosclerosis</u> DUE TO (c) <u>    </u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Benign Urinary Infection</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
19a. DATE OF OPERATION <u>    </u>		19b. MAJOR FINDINGS OF OPERATION <u>    </u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>    </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>    </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>    </u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>    </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>    </u>			
22. I hereby certify that I attended the deceased from <u>July 19 53</u> to <u>Dec. 25 19 53</u> , that I last saw the deceased alive on <u>Dec 24 19 53</u> , and that death occurred at <u>7:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. B. Jackson</u>				23b. ADDRESS <u>M. D. Maryville, Mo.</u>		23c. DATE SIGNED <u>12-29-53</u>	
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>Burial</u>		24b. DATE <u>    </u>		24c. NAME OF CEMETERY OR CREMATORY <u>Weathermon</u>		24d. LOCATION (City, town, or county) (State) <u>Guilford, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>1-2-54</u>		REGISTRAR'S SIGNATURE <u>Gess Bolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Price Funeral Home, Maryville, Mo.</u>			

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 Curtis E. Kinsey

Licensed Embalmer No. 4936

P. O. Address Marysville, 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.