

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7477**  
Registrar's No. **2**

BIRTH NO. FILED **FEB 19 1954** REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **3073**

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>SCOTT</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHAFFEE</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>CHAFFEE</b>	
c. LENGTH OF STAY (in this place) <b>22 YRS.</b>		100/0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>206 BLACK AVE.</b>		d. STREET ADDRESS (If rural, give location) <b>218 COOK AVE</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>MARY</b>	b. (Middle) <b>OLLIE</b>	c. (Last) <b>YOUNG</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB. 8, 1954</b>
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5. SEX <b>FEMALE</b>	6. COLOR OF RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>FEB. 3, 1889</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR <b>0</b> Months <b>5</b> Days	IF UNDER 24 HRS. <b>0</b> Hours <b>5</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>BOLLINGER COUNTY MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>WILLIAM MCKINZIE</b>	13b. MOTHER'S MAIDEN NAME <b>SARAH COBB</b>	14. NAME OF HUSBAND OR WIFE <b>CURTIS B. YOUNG</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>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>CURTIS B. YOUNG - CHAFFEE, Missouri</b>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC DECOMPENSATION</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 MO.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS, MYOCARDOSIS, HYPERTENSION</b>		<b>5 yrs?</b>
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death <b>SPLENOmegaly, CIRRHOSIS (Liver)</b>		<b>6 MO.</b>

19a. DATE OF OPERATION <b>NONE</b>	19b. MAJOR FINDINGS OF OPERATION <b>NONE</b>	<b>443X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NATURAL</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>NONE</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>NONE</b>	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. 6, 1953**, to **FEB. 8, 1954**, that I last saw the deceased alive on **FEB 8, 1954**, and that death occurred at **11:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>H. J. Maebach, 2 D.O.</b>	23b. ADDRESS <b>Chaffee, MO.</b>	23c. DATE SIGNED <b>2-12-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>2-11-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>UNION PARK CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>CHAFFEE (SCOTT) MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>2-16-54</b>	REGISTRAR'S SIGNATURE <b>Mrs F. Brog</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>BISPLING HOFF FUNERAL HOME - CHAFFEE, MO.</b>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FEB 15 1954

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 254-39

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. 4470

P. O. Address Illmo, 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.