

STANDARD CERTIFICATE OF DEATH

State File No. **9 7525**

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. **351** PRIMARY REG. DIST. NO. **4575** Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Sullivan		a. STATE Mo b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Milan 1050	
c. LENGTH OF STAY (in this place) 934 1/2		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)							
a. (First) Lodeema			2-25-54							
b. (Middle) May										
c. (Last) Young										
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 10-12-1860	9. AGE (In years last birthday) 93	10. MONTHS 4	11. DAYS 13	12. IF UNDER 18 18	13. IF UNDER 21 18	14. IF UNDER 21 18	15. IF UNDER 21 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?				
at home		at home		Mo, 1		U.S.A.				

13a. FATHER'S NAME John Bowman		13b. MOTHER'S MAIDEN NAME Sarah Sumners		14. NAME OF HUSBAND OR WIFE G. P. Young (dead)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME George Young	
				ADDRESS Milan Mo 116	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				35 hrs.	
		ANTECEDENT CAUSES					
		Morbidity 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				20. AUTOPSY?	
						YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)			
				331 X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 2-24, 1954, to 2-25, 1954, that I last saw the deceased alive on 2-25, 1954, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Earl Simpson M.D.		23b. ADDRESS Milan Mo		23c. DATE SIGNED 2-27-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/28/54		24c. NAME OF CEMETERY OR CREMATORY Oakwood Cem.	
				24d. LOCATION (City, town, or county) (State) Milan Mo	

DATE REC'D BY LOCAL REG. March 9-1954		REGISTRAR'S SIGNATURE Mrs. H. B. Harris		25. FUNERAL DIRECTOR'S SIGNATURE Dwight Schaefer		ADDRESS Milan Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48
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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 Dwight Schoene

Licensed Embalmer No. 2467

P. O. Address Wuhan 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.