

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9165**FILED MAR 18 1954
BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper <u>A493</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 3 yrs	c. CITY OR TOWN Carthage		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1102 Case St			e. STREET ADDRESS (If rural, give location) 1102 Case St		
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR		b. (Middle) McKEE	c. (Last) YOUNG	4. DATE OF DEATH (Month) (Day) (Year) March 9-1954	
5. SEX male <u>0</u>	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married <u>1</u>	8. DATE OF BIRTH Oct 8-1891	9. AGE (In years last birthday) 62	F UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. orchard mgr.		10b. KIND OF BUSINESS OR INDUSTRY fruit growing	11. BIRTHPLACE (City and State or Foreign Country) Wayne, Iowa		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME David M. Young		13b. MOTHER'S MAIDEN NAME Marybelle McKee	14. NAME OF HUSBAND OR WIFE Dulce Atkins Young		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 492-36-2413	17. INFORMANT'S SIGNATURE OR NAME Mrs. J.M. Leafman, 1513 Main, Carthage		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage, Cerebral				INTERVAL BETWEEN ONSET AND DEATH 10 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) recurrent		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) Hypertension		10 yrs
			Arteriosclerosis		
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 331 X				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
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?		
22. I hereby certify that I attended the deceased from Nov 22, 1952, to Mar 9, 1954, that I last saw the deceased alive on Mar 7, 1954, and that death occurred at 1 a.m., from the causes and on the date stated above.					
23a. SIGNATURE George H. Wood (Degree or title) MD 0			23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 3-9-54
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 3-11-54	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery		24d. LOCATION (City, town, or county) (State) Carthage, Mo	
DATE REC'D BY LOCAL REG. 3-11-54	REGISTRAR'S SIGNATURE Lloyd B. Clinton		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24 1956

RECEIVED MAR 17 1956
Jasper County Health Office
County File Number 54-3-2
Date Filed MAR 17 1956

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 O. L. Isbell, Student Embalmer No. 500, working under my personal supervision.

Student O. L. Isbell
Signature of Student Embalmer

Signed Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address Carthage, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.