

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17631**FILED JUN 1 1954
BIRTH NO. _____ REG. DIST. NO. **336** PRIMARY REG. DIST. NO. **4494** Registrar's No. **284**

1. PLACE OF DEATH a. COUNTY Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Shannon	
b. CITY (If outside corporate limits, write RURAL and give township) Winona	c. LENGTH OF STAY (in this place) 14 yrs	c. CITY (If outside corporate limits, write RURAL and give township) 1010 Winona	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Delaney		d. STREET ADDRESS (If rural, give location) Jen. Delaney	

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) Calvin	c. (Last) Young	4. DATE OF DEATH (Month) (Day) (Year) MAY 14 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) Married	8. DATE OF BIRTH Jan 18, 1870	9. AGE (In years last birthday) 84 or UNDER 1 YEAR Months 3 Days 26 IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Greenfield, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lewis Young	13b. MOTHER'S MAIDEN NAME Susan Dickey	14. NAME OF HUSBAND OR WIFE Sarah F. Young
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Sarah Young	ADDRESS Winona Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 10 minutes
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis		
	DUE TO (c) Senility		
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 331X	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 **June 1952** to **May 14, 1954**, that I last saw the deceased alive on **May 7, 1954**, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. E. Sharp, D.O.	(Degree or title)	23b. ADDRESS Winona, Mo.	23c. DATE SIGNED 5/24/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/16/54	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion	24d. LOCATION (City, town, or county) (State) Shannon, Co. Mo
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DATE REC'D BY LOCAL REG. 5-26-54	REGISTRAR'S SIGNATURE W. H. R. R. R.	447	25. FUNERAL DIRECTOR'S SIGNATURE Clarence W. Spollen	ADDRESS Van Buren, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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 Allen C. W. Speden

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.