

FILED JUL 6 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21941**No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. 375		PRIMARY REG. DIST. NO. 6279		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY WRIGHT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY WRIGHT			
b. CITY (If outside corporate limits, write RURAL and give OR TOWNSHIP) GASCONADE TWP HARTVILLE Rural		c. LENGTH OF STAY (in this place) 18 yrs		c. CITY OR TOWN GASCONADE TWP. HARTVILLE		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NO	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 1140			
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) PATRICK c. (Last) YOUNG			4. DATE OF DEATH (Month) (Day) (Year) MAY 30 1954				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH NOV. 23, 1868	
9. AGE (In years last birthday) 85		10. UNDER 1 YEAR Days 6		11. UNDER 1 MIN. Hours 7		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>		11. BIRTHPLACE (City and State or Foreign Country) WRIGHT COUNTY, MO, U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JEFF YOUNG			13b. MOTHER'S MAIDEN NAME SARAH EASLEY			14. NAME OF HUSBAND OR WIFE	
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. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Willie Inster Hartsville, Mo.			
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) Cerebral Hemorrhage ANTECEDENT CAUSES Chronic Parenchymatous Nephritis. 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.				INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years	
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)		21d. DATE 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 April, 1945, to May 20, 1954 that I last saw the deceased alive on May 30, 1954 and that death occurred at 9:30 P.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Worthen				23b. ADDRESS Hartsville Mo.		23c. DATE SIGNED 6-24-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 1954		24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL		24d. LOCATION (City, town, or county) (State) WRIGHT CO., MO	
DATE REC'D BY LOCAL REG. 7-1-54		REGISTRAR'S SIGNATURE B. Garner 346		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John S. Simpson Hartsville, Mo			

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

WRIGHT CO. HEALTH DEPT.
County File Number 754-25
Date Filed 7-3-54

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.....
Signature of Student Embalmer

Signed..... *R. Barber*

Licensed Embalmer No. 384
P. O. Address Wm. Shaw

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.