

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22787**

FILED JUL 26 1954

No. 300
10.48

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>112</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Humphreys-Rural-Jackson</u> <u>80</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North East Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>6 mi. East Laredo</u> <u>Do 81</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Lee</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 1954</u>				
5. SEX <u>Male</u> 0	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>August 21, 1871</u>	9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR: Months <u>9</u> Days <u>29</u> IF UNDER 24 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm.</u>		11. BIRTHPLACE (State or foreign country) <u>Haseville Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew J. Young</u>			13b. MOTHER'S MAIDEN NAME <u>Melissa Jane Gosc</u>		14. NAME OF HUSBAND OR WIFE <u>✓</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Imogene Williams Childs</u> ADDRESS _____			
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) <u>Multiple Sclerosis</u> ANTECEDENT CAUSES _____ 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 <u>3 years</u>	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Jan 1st 1954</u> to <u>June 20th 1954</u> , that I last saw the deceased alive on <u>June 19th 1954</u> and that death occurred at <u>L15A. m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Oliver F. Williams</u>			23b. ADDRESS <u>Trenton Mo.</u>			23c. DATE SIGNED <u>June 21st 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 22 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Haseville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Humphreys Missouri</u>	
DATE REC'D BY LOCAL REG. <u>6-22-54</u>		REGISTRAR'S SIGNATURE <u>Jane</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u>		ADDRESS <u>Funeral Home Laredo Mo</u>	

(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

J. M. Robertson

Licensed Embalmer No. *4388*

P. O. Address *Lovels MS*

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.