

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED NOV 8 - 1954

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 46

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

1. PLACE OF DEATH a. COUNTY Howell			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell		
b. CITY (If outside corporate limits, write RURAL and give township) West Plains		c. LENGTH OF STAY (in this place) 32 yrs	c. CITY (If outside corporate limits, write RURAL and give township) West Plains,		d. STREET ADDRESS (If rural, give location) 815 Grace Avenue
d. FULL NAME OF HOSPITAL OR INSTITUTION Christa Hogan Hospital			d. STREET ADDRESS (If rural, give location) 815 Grace Avenue		

3. NAME OF DECEASED (Type or Print) a. (First) MATTIE b. (Middle) E. c. (Last) YOUNG			4. DATE OF DEATH (Month) (Day) (Year) Oct. 23, 1954		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 2, 1870	9. AGE (In years last birthday) 84	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Oregon County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Geo. B. Norman	13b. MOTHER'S MAIDEN NAME Mary Bumpas	14. NAME OF HUSBAND OR WIFE T. E. Young	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME R.N. Young, West Plains, Missouri		ADDRESS
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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* CEREBRAL HEMORRHAGE	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION, MILD DUE TO (c)			33 days
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY			YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 2-22, 1954, to 10-23, 1954, that I last saw the deceased alive on 10-23, 1954 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack D. Wilson, M.D.	23b. ADDRESS West Plains, Mo.	23c. DATE SIGNED 10-25-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 24, 1954	24c. NAME OF CEMETERY OR CREMATORY Smith Cemetery	24d. LOCATION (City, town, or county) (State) Alton, Oregon Co., Mo.
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DATE REC'D BY LOCAL REG. 11-2-54	REGISTRAR'S SIGNATURE Beatrice Cook	25 FUNERAL DIRECTOR'S SIGNATURE Hal Thamburg	ADDRESS W. Plains, Mo.
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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

Hal Shoubrugh

Licensed Embalmer No.

3408

P. O. Address

W. Plains, 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.