

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 9 1955

State File No. 5706

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 257 PRIMARY REG. DIST. NO. 5879 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>OSAGE</u> <u>0760</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>OSAGE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL BENTON TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL BENTON TWP 0</u>	
c. LENGTH OF STAY (In this place) <u>5 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>10 mi. South of Morrison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>10 mi. South of Morrison</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Frieda</u> b. (Middle) <u>Marie</u> c. (Last) <u>Young</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 6 1955</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov. 2 1919</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Days <u>✓</u>	IF UNDER 11 HRS. Hours <u>✓</u> Min. <u>✓</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FACTORY WORKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GARMENT</u>	11. BIRTHPLACE (State or country) <u>HERMANN Mo 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>JOHN MOORE</u>	13b. MOTHER'S MAIDEN NAME <u>BARBARA ALLEMAN</u>	14. NAME OF HUSBAND OR WIFE <u>LLOYD YOUNG</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>49-05-5424</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LLOYD YOUNG</u>	ADDRESS <u>MORRISON MO</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> - <u>2-10 yrs.</u>		
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 <u>4201</u>	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) (Min.)	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 07-3-60-1955 at 8:30 PM only - at death, that I saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 8:00 PM, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>F. B. Farnsworth, D.O.</u>	23b. ADDRESS <u>Chamois, Mo.</u>	23c. DATE SIGNED <u>3-6-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3/9/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GASCONADE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>GASCONADE, MO</u>
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DATE REC'D BY LOCAL REG. <u>3-7-1955</u>	REGISTRAR'S SIGNATURE <u>Anna Moran</u>	448	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugot Plumer</u>	ADDRESS <u>HERMANN MO</u>
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1955 AUG 8

**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.

Signed \_\_\_\_\_

*August Blumenthal*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

3160

P. O. Address \_\_\_\_\_

*Herrmann St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.