

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14403

FILED MAY 9 1955

State File No.
Registrar's No. 59

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

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|--|--|--|--|
| 1. PLACE OF DEATH a. CITY <u>Scott</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u> | |
| c. LENGTH OF STAY (In this place) <u>11 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>539 Greer Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>539 Greer Avenue (Res.)</u> | | e. STREET ADDRESS <u>539 Greer Avenue</u> | |

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|--|---------------------------|---|---------------------------------------|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>LENA</u> | b. (Middle) <u>MAE</u> | c. (Last) <u>YOUNG</u> | (Month) <u>April</u> | (Day) <u>27</u> | (Year) <u>1955</u> |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>March 5, 1888</u> | 9. AGE (In years last birthday) <u>67</u> | 10. MONTHS <u></u> DAYS <u></u> HOURS <u></u> MIN. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u> | | 11. BIRTHPLACE (State or foreign country) <u>Monroe County, Mississippi</u> | |
| 13a. FATHER'S NAME <u>No Record (Skelton)</u> | | 13b. MOTHER'S MAIDEN NAME <u>No Record</u> | | 14. NAME OF HUSBAND OR WIFE <u>Tom F. Young</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>Tom F. Young</u> ADDRESS <u>539 Greer, Sikeston</u> | |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u> | | 19. INTERVAL BETWEEN ONSET AND DEATH <u>2 years.</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease</u> | | DUE TO (b) <u></u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Pneumonia</u> | | DUE TO (d) <u></u> | |
| II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. | | <u>Stroke</u> | |

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|--|--|--|--|--|--|
| 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. 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 | |

22. I hereby certify that I attended the deceased from July 3, 1953, to 4-7, 1955, that I last saw the deceased alive on 4-7, 1955, and that death occurred at 2:30A m., from the causes and on the date stated above.

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|---|--|---|--|--|--|
| 23a. SIGNATURE (Degree or title) <u>Thomas C. McElure, M.D.</u> | | 23b. ADDRESS <u>Sikeston, Mo.</u> | | 23c. DATE SIGNED <u>4/29/55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>April 30, '55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Garden Of Memories</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Sikeston, Missouri</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James C. McElure</u> ADDRESS <u>209 W. Center</u> | | | |

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|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>4-29-55</u> | | REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>James C. McElure</u> ADDRESS <u>209 W. Center</u> | |
|---|--|---|--|---|--|

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

DATE RECEIVED MAY 2 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 555 95

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 Edward E. Munnell

Licensed Embalmer No. 4164

P. O. Address Sibleston, 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.