

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35890

State File No.

FILED NOV 23 1955

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 221

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico</u>	c. LENGTH OF STAY (in this place) <u>1 yr</u>	c. CITY OR TOWN <u>Mexico</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>414 W. Whitley</u>		• STREET ADDRESS (If rural, give location) <u>414 W. Whitley</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joe Lawrence</u>	b. (Middle)	c. (Last) <u>Youngblood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, DIVORCED, WIDOWED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Dec. 31, 1899</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 WKS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>City St. Dep.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Audrain County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry L. Youngblood</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Arhens</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>500-10-9475</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben Youngblood, Excelsior Springs,</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coroner investigation without jury. The deceased was found dead at home in his bed where he lived alone. No evidence of violence or foul play. Unattended by physician. History showed he suffered from a heart condition and examination of the body showed the deceased died from a heart condition.</u>		INTERVAL BETWEEN ONSET AND DEATH
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>condition.</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Mexico Audrain Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>
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22. I hereby certify that I attended the deceased from Nov. 16, 1955, to Nov. 16, 1955, and that death occurred at 4343 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>S. C. Adams, M.H. Coroner</u>	23b. ADDRESS <u>R.F.D.#1, Mexico, Mo.</u>	23c. DATE SIGNED <u>Nov. 17, 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 18, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laddonia</u>	24d. LOCATION (City, town, or county) (State) <u>Laddonia Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Nov 17-1955</u>	REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Austin</u>	ADDRESS <u>Mexico, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

518
117

9961 18 1001
AUG 31 1956

AUG 3 1956

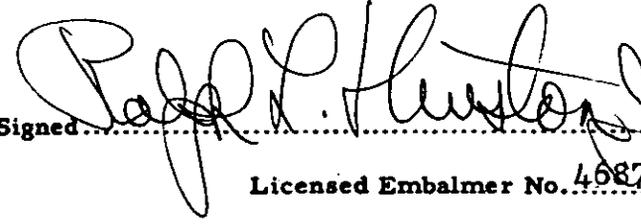
STATEMENT BY LICENSED EMBALMER

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.....

Licensed Embalmer No. 4687

P. O. Address..Mexico,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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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