

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36165**

FILED DEC 12 1955

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **311**

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY OR TOWN Fulton	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 51 Yrs		e. STREET ADDRESS (If rural, give location) 411 East 9th St	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home 411 E 9th St			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Annie	b. (Middle) May	c. (Last) Young	Dec 3 1955			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan-11-1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Millersburg, Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Byran A. James		13b. MOTHER'S MAIDEN NAME Mary T. Woody		14. NAME OF HUSBAND OR WIFE Charles H. Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles H. Young Fulton, Mo.	

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* (a) Endocarditis		DUE TO (b) Influenza virus infection				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Cystitis; chronic				
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 481X			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 **Oct 3, 1953**, to **Dec 3, 1955**, that I last saw the deceased alive on **Nov 30, 1955**, and that death occurred at **1 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. D. Payne		(Degree or title) M.D.		23b. ADDRESS Rt. 3 Fulton Mo		23c. DATE SIGNED 12-4-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec-5-1955		24c. NAME OF CEMETERY OR CREMATORY Hillcrest		24d. LOCATION (City, town, or county) (State) Fulton Mo	

DATE REC'D BY LOCAL REG. Dec. 4-1955		REGISTRAR'S SIGNATURE Martha Lawrence		426-0		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Halladay Funeral Home, Fulton, 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 Actor R. Masure, Student Embalmer No. 51 working under my personal supervision..

Student A. R. Masure
Signature of Student Embalmer

Signed Denzil C. Brown

Licensed Embalmer No. 27

P. O. Address Fulton

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.