

FILED NOV 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **37507**

BIRTH NO. _____		REG. DIST. NO. <b>209</b>		PRIMARY REG. DIST. NO. <b>3043</b>		Registrar's No. <b>350</b>			
1. PLACE OF DEATH a. COUNTY <b>Marion</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Marion</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hannibal</b>		c. LENGTH OF STAY (in this place) <b>17 days</b>		c. CITY OR TOWN <b>Palmyra</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Levering Hospital</b>				STREET ADDRESS (If rural, give location) <b>303 W. Church Street</b> <i>064</i>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Curtis</b>		b. (Middle) <b>O.</b>		c. (Last) <b>Young</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 13 1955</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>6 August 1871</b>			
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Marion County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>H. Clay Young</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Painter</b>		14. NAME OF HUSBAND OR WIFE <b>Bertha May Sites</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>		17. INFORMANT'S SIGNATURE OR ADDRESS <b>Mrs. Bertha Young, Palmyra, Mo.</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary embolism</b> ANTECEDENT CAUSES DUE TO (b) <b>Thrombosis of leg</b> DUE TO (c) <b>Fracture of hip</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>Palmyra</b> (COUNTY) _____ (STATE) _____					
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? <b>064</b>					
22. I hereby certify that I attended the deceased from <b>Oct 19 55</b> , to <b>13 Nov 1955</b> , that I last saw the deceased alive on <b>13 Nov 1955</b> , and that death occurred at <b>5:30 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Wyeth Hamlin M.D.</b>				23b. ADDRESS <b>Palmyra Mo.</b>		23c. DATE SIGNED <b>18 Nov 1955</b>			
24a. BURIAL OR CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>16 Nov. 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Palmyra, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>11-19-55</b>		REGISTRAR'S SIGNATURE <b>Dr. E. M. Ducke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Lewis Brothers</b>		ADDRESS <b>Palmyra Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 22 1955  
RECEIVED  
MARION CO. HEALTH DEPT.  
DATE FILED NOV 22 1955

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, ~~\_\_\_\_\_~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *George M. Lewis*.....  
Licensed Embalmer No. 4851.

P. O. Address Palmyra, Mi

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.