No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 550

FILED JAN 16 1956

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 82

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 32 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir
c. CITY OR TOWN: Cape Girardeau
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): Clair Ann Apt. 0164 0

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): H
c. (Last): Young

4. DATE OF DEATH (Month) (Day) (Year): Jan 10 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 19 1877
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 4, Days 11 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: Clair Ann Apt
11. BIRTHPLACE (City and State or Foreign Country): Egypt Mills Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Edward Young
13b. MOTHER'S MAIDEN NAME: Don't Know
14. NAME OF HUSBAND OR WIFE: Minnie Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Minnie Young — ADDRESS: Cape Gir. Mo.

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) Gastro-intestinal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of Head of Pancreas with Metastasis to Liver — 1 yr.
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary infarct 157X

19a. DATE OF OPERATION: 22 July 55
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of pancreas with metastasis to liver
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1955, *to* 10 Jan, 1956, *that I last saw the deceased alive on* 10 Jan, 1956, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M D
23b. ADDRESS: Cape Girardeau, Mo
23c. DATE SIGNED: 16 Jan 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 12 1956
24c. NAME OF CEMETERY OR CREMATORY: Lorimier
24d. LOCATION (City, town, or county) (State): Cape Gir. Mo.

DATE REC'D BY LOCAL REG.: 1-12-56
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE: Brinkopf Howell — ADDRESS: Cape Gir

(Licensed Embalmer's Statement on Reverse Side) Extra

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ..NEIL H. GLOSSHEIDER....., Student Embalmer No....520

working under my personal supervision..

Student ..Neil H. Grossheider.. Signed ..W. H. Estes.....

Signature of Student Embalmer

Licensed Embalmer No. 356

P. O. Address Cape Gi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.