

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 2257 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marceline</u>	
c. LENGTH OF STAY (in this place) <u>38</u>		d. STREET ADDRESS (If rural, give location) <u>R 1.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Tina</u> b. (Middle) <u>Alma</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1/28/56</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>12/12/1895</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>16</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		11. BIRTHPLACE (City and State or Foreign Country) <u>Chariton Co</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>William Graves</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bills</u>		14. NAME OF HUSBAND OR WIFE <u>George Young</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Young Marceline, Mo</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple metastases of adenocarcinoma of rt. breast.</u> DUE TO (c) <u>Adenocarcinoma of rt. breast.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Concussion, dehydration</u>		9 years.	

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) m.	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 3-18, 1955, to 1-28, 1956; that I last saw the deceased alive on 1-20, 1956; and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. W. Schmidt, M.D.</u>	23b. ADDRESS <u>211 Union Bank Bldg Mo</u>	23c. DATE SIGNED <u>1-28-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/30/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Asbury</u>
		24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo</u>

DATE REC'D BY LOCAL REG. <u>2-12-56</u>	REGISTRAR'S SIGNATURE <u>W. H. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>...</u>	ADDRESS
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *[Handwritten Signature]*

Licensed Embalmer No. *[Handwritten Number]*

P. O. Address *[Handwritten Address]*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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