

FILED JAN 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1803

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 Hour		STREET ADDRESS (If rural, give location) Rt 13, N. Kansas City 16	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wallace Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) Fern c. (Last) Young			4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 13, 1929	9. AGE (In years last birthday) 26	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) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) West Plains, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Carl H. Holliday		13b. MOTHER'S MAIDEN NAME Lydia Melloy		14. NAME OF HUSBAND OR WIFE Charles E. Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Charles E. Young ADDRESS Rt 13 N. Kansas City 16 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) Bullet wound through head and brain		Bullet wound through head and brain		3 Hours	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b)			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death.		981x	

19a. DATE OF OPERATION None.		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Lake resort		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Candenton Candenton Mo.	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY Jan. 12 1956 9:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Shot through head with a gun.	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12:34** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Stanley B. Palmer, coroner Lebanon Mo.		23b. ADDRESS		23c. DATE SIGNED 1-13-56	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE Jan 16 - 1956		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Clay Co. Mo	
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DATE REC'D BY LOCAL REG. 1-13-1956		REGISTRAR'S SIGNATURE Hella L. Hays		424-0		25. GENERAL DIRECTOR'S SIGNATURE Charles E. Young ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received 1-28-56

Laclede County Health Unit

File No. 5

Date Filed 1-28-56

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 *Abbi Bar-Kau Woolery*

Licensed Embalmer No. 29

P. O. Address *Camdenton*

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.