

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4236

State File No.

FILED FEB 28 1956

BIRTH NO. _____ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 4158 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>		c. LENGTH OF STAY (in this place) <u>3wks</u>	c. CITY OR TOWN <u>Buffalo</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sho-McRest Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>N.E. 2 miles</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Rebecca</u>	b. (Middle) <u>Young</u>	c. (Last) <u>Young</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 15, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 3, 1870</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>86 1 12</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own House</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Callaway Boulevard</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Harmon</u>	14. NAME OF HUSBAND <u>Ed Young (deceased)</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charley Dodson</u>	ADDRESS <u>Buffalo, MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>years</u> <u>years</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arterial Sclerosis</u>		
	DUE TO (c) <u>Senility</u>		
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	<u>4500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb 13, 1956, to July 15, 1956 that I last saw the deceased alive on Feb 15, 1956 and that death occurred at 9:01 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B. Plummer M.D.</u> (Degree or title)	23b. ADDRESS <u>Buffalo MO</u>	23c. DATE SIGNED <u>2-20-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-18-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>N.W. Buffalo, MO.</u>
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DATE REC'D BY LOCAL REG. <u>2/21/56</u>	REGISTRAR'S SIGNATURE <u>Grace Petrus</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. B. Jones</u>	ADDRESS <u>Buffalo, MO.</u>
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(Licensed Embalmer's Statement on Reverse Side) B. J. ene Hunter

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

FEB 28 1956

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 Gene C. Hunter

Licensed Embalmer No. 4730

P. O. Address Buffalo, N.Y.

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.