

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5921**BIRTH NO. _____ REG. DIST. NO. **292** PRIMARY REG. DIST. NO. **6001** Registrar's No. _____

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|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY RALLS. | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY RALLS | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Saline TOWNSHIP | | c. LENGTH OF STAY (In this place) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MONROE CITY, RFD #2 | | c. CITY OR TOWN Rural Saline Township d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ALLEN b. (Middle) LEWIS c. (Last) Young. | | 4. DATE OF DEATH (Month) (Day) (Year) FEB. 23. 1956 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED. | 8. DATE OF BIRTH MARCH 14th 1876 |
| 9. AGE (In years last birthday) 79 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming RGT. | 11. BIRTHPLACE (City and State or Foreign Country) MONROE County, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME ZACHARIAE Young | 13b. MOTHER'S MAIDEN NAME MELISSA Turnbough. | 14. NAME OF HUSBAND OR WIFE EVA Young | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Miss Sadie E Evans ADDRESS Monroe City, Mo. | |
| 18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE | | INTERVAL BETWEEN ONSET AND DEATH 8 YEARS | |
| ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROSIS | | 12 YEARS | |
| DUE TO (c) | | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE OF FEMUR | | 2 YEARS | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" 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) (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? | |
| 22. I hereby certify that I attended the deceased from NOV 21, 1953 , to FEB 23, 1956 , that I last saw the deceased alive on FEB 20, 1956 , and that death occurred at 6 A. m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE John H. H. H. (Degree or title) M.D. | | 23b. ADDRESS Monroe City Mo | 23c. DATE SIGNED 2-24-56 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 2-25-1956 | 24c. NAME OF CEMETERY OR CREMATORY ST. JUDES Cemetery | 24d. LOCATION (City, town, or county) (State) Monroe City Missouri |
| DATE REC'D BY LOCAL REG. 2/29/56 | REGISTRAR'S SIGNATURE Clyde Wilkey | 25. FUNERAL DIRECTOR'S SIGNATURE Wilson & Son | ADDRESS Monroe City Mo. |

(Licensed Embalmer's Statement on Reverse Side)

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

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leaver L. Wilson.....

Licensed Embalmer No. 3014

P. O. Address Monroe City.....

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.