

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **15440**

BIRTH NO. _____		REG. DIST. NO. <b>1</b>	PRIMARY REG. DIST. NO. <b>3000</b>	Registrar's No. <b>153</b>
1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Adair</b> <b>0013</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkville, Mo. # 2 Mrs. 16 days</b>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <b>Kirkville</b>	d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Nursing Home #2</b>		STREET ADDRESS (If rural, give location) <b>803 E Orchard St,</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rebecca</b> b. (Middle) <b>Ann</b> c. (Last) <b>Young</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 18 1956</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>Mar. 11, 1874</b>	
9. AGE (In years last birthday) <b>82</b>		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) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Schuyler County, Mo. 0</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				
13a. FATHER'S NAME <b>W. H. Hatfield</b>		13b. MOTHER'S MAIDEN NAME <b>Susan Hale</b>		14. NAME OF HUSBAND OR WIFE <b>John C. Young</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service) <b>X</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Sherod (Hazel) Collins, Kirkville, Mo</b>
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) <b>Medullary Anopia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Circulatory Collapse</b> DUE TO (c) <b>Cardiac De-compensation</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerosis</b> <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>8 hours</b> <b>48 hours</b> <b>6 years</b>
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) <b>4343</b>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	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 <b>March 2, 1956</b> , to <b>May 18, 1956</b> , that I last saw the deceased alive on <b>May 18, 1956</b> , and that death occurred at <b>11:50 P.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>George H. Scheurer, D.O.</b>		23b. ADDRESS <b>Kirkville, Mo.</b>		23c. DATE SIGNED <b>May 18, 1956</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/20/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Maple Hills Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkville, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>5-20-56</b>	REGISTRAR'S SIGNATURE <b>Kate Lambert</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>San Rieker, Kirkville, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 19 1958

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.....  
*Herbert E. Hayes*

Licensed Embalmer No. 489

P. O. Address *Richwell, W.*

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.