

FILED JUN 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. 17049

BIRTH NO. _____ REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5744 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY MADISON 0620		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) Rural - Crown		c. CITY OR TOWN Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> 0620	
		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Henry - Franklin Yount			4. DATE OF DEATH (Month) (Day) (Year) 5-23-56		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH MAY 11, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 0 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY Retired -		11. BIRTHPLACE (City and State or Foreign Country) MARQUAND - MO	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME JACOB YOUNT		13b. MOTHER'S MAIDEN NAME MARGARET GRAHAM	
14. NAME OF HUSBAND OR WIFE CARRIE M. YOUNT		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Carrie Yount		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	

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) 331X	
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?	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH 1 Day	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, arterio sclerosis DUE TO (c) Mitral Stenosis		Year Year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

22. I hereby certify that I attended the deceased from 1952 to 5-23-1956, that I last saw the deceased alive on May 20, 1956, and that death occurred at 4:30 P.M., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) J. C. Haughton M.D.		23b. ADDRESS 1135 W. Main Fredericktown		23c. DATE SIGNED 5-24-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-25-56		24c. NAME OF CEMETERY OR CREMATORY SHADLEY CREEK CEMETERY - MARQUAND MO		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 5-29-1956		REGISTRAR'S SIGNATURE Florence Wickes		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Cal. Roman Marquand MO	

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.

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JUN 5 - 1956
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FILE No. 656-21

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 *Raymond B. Wilson*

Licensed Embalmer No. *480*

P. O. Address *Fred...*

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.