

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

State File No. **27561**

BIRTH NO. _____		REG. DIST. NO. <u>187</u>		PRIMARY REG. DIST. NO. <u>3040</u>		Registrar's No. <u>177</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>		c. CITY OR TOWN <u>Chillicothe</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe hospital</u>				e. STREET ADDRESS (If rural, give location) <u>420 Ninth St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Jane</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 25, 1956</u>				
5. SEX <u>Fem.</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan 6, 1892</u>	
9. AGE (In years last birthday) <u>64</u>		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) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Scammon, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Swain</u>			13b. MOTHER'S MAIDEN NAME <u>Bridget Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph V. Young (dec)</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-40-7260</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John J. Young, Lincoln, Nebraska</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinomatosis of abdomen</u>  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. <u>1991</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 Mos</u>
19a. DATE OF OPERATION <u>July 15-56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatosis of abdomen - source not determined</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 <u>Jan 1, 1949</u> , to <u>Aug 25, 1956</u> , that I last saw the deceased alive on <u>Aug 25, 1956</u> , and that death occurred at <u>1:54 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D.</u>				23b. ADDRESS <u>Chillicothe, Mo</u>		23c. DATE SIGNED <u>Aug 26-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Aug. 27, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9/26/56</u>		REGISTRAR'S SIGNATURE <u>Frances B Neal</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ronald Gordon - Chillicothe, Mo.</u>			

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

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SEP 25 1956

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.