

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28009

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>4458</u>		Registrar's No. <u>53</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>New Mexico</u> b. COUNTY <u>Sierra</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Osceola</u>		c. LENGTH OF STAY (in this place) <u>8 hours</u>		c. CITY OR TOWN <u>Truth or Consequences</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Todd's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>704 Grape</u>		<u>8309</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nancy</u>			b. (Middle) <u>Lou</u>		c. (Last) <u>Young</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug; 5, 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>June 25, 1938</u>		9. AGE (In years last birthday) <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Joliet Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John D. Young</u>			13b. MOTHER'S MAIDEN NAME <u>Phillis Lou Rue</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>525-86-0687</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Phillis Young</u> ADDRESS <u>Truth or Consequences</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TRAUMATIC SHOCK</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>BILATERAL FEMORAL FRACTURES</u> DUE TO (c) <u>INTERNAL INJURIES -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>POSSIBLE BRAIN INJURY</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7 hrs.</u>			
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) <u>AUTO ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY 54 -</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>6 mi. WEST of COLLINS - ST. CLAIR, Mo.</u> (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 5 56</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTO ACCIDENT</u>					
22. I hereby certify that I attended the deceased from <u>8-5</u> , 19 <u>56</u> , to <u>8-5</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>8-5</u> , 19 <u>56</u> , and that death occurred at <u>9:00P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>N. J. Shigman M.D.</u>				23b. ADDRESS <u>Osceola, Mo.</u>		23c. DATE SIGNED <u>8-7-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8/11/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hot Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Truth or Consequences New Mex;</u>			
DATE REC'D BY LOCAL REG. <u>8-18-56</u>		REGISTRAR'S SIGNATURE <u>Truth Beevers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FB Beevers</u> ADDRESS <u>Osceola Mo</u>					

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

AUG 28 1956

MAR 27 1957

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 *Paul J. Sextone*.....

Licensed Embalmer No. *3990*.....

P. O. Address *Asheville*.....

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.