

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28010

State File No. \_\_\_\_\_

FILED AUG 27 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6058 Registrar's No. 51

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> COUNTY <u>Sierra</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Collins</u>		c. CITY OR TOWN <u>Truth or Consequences</u>	d. 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>Highway # 54,6 mi; W-Collins</u>		e. STREET ADDRESS (If rural, give location) <u>704 Grape</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Phyllis</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Young</u>	4. DATE OF DEATH (Month) <u>Aug</u> ; (Day) <u>3</u> (Year) <u>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>Feb; 11, 1936</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	9. AGE (In years last birthday) <u>20</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
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>Phyllis Lou Rue</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>320-30-3959</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Phyllis Young Tru or Con N.M</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Skull Fracture</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Fracture of Right &amp; Left Femur</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) <u>Highway # 54-6 mi</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>93</u> (COUNTY) (STATE) <u>Miles W, Collins, St. Clair Co; Mo;</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8-5-56, 12:30 P.M</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Collision</u>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 12:30 P from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Darrett B. ...</u>	23b. ADDRESS <u>Osceola, Missouri</u>	23c. DATE SIGNED <u>8-6-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8/5/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hol Springs - Truth or Consequences N.M</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>8-7-56</u>	REGISTRAR'S SIGNATURE <u>Paul H. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Medical Funerals, ...</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 28 1956  
MAR 4 1957

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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 J. B. [Signature]

Licensed Embalmer No. 3038

P. O. Address [Signature]

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.