

FILED OCT 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **34682**

BIRTH NO. _____		REG. DIST. NO. <u>179</u>		PRIMARY REG. DIST. NO. <u>2667</u>		Registrar's No. <u>117</u>	
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give town(ship)) OR TOWN <u>Rural (Bedford Twp)</u>		c. LENGTH OF STAY (In this place) <u>8Hrs</u>		c. CITY OR TOWN <u>Troy</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>0 510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lincoln Co. Memorial Hosp.</u>				e. STREET ADDRESS (If rural, give location) <u>Rural Bedford Twp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Monroe</u>		b. (Middle) <u>Gilland</u>		c. (Last) <u>Young</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1956</u>	
5. SEX <u>0</u> <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 8, 1872</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Paola, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas D. Young</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth M. Ball</u>		14. NAME OF HUSBAND OR WIFE <u>Rachel Ritchey Young</u>			
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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Guy Young, Troy, Missouri.</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>MESENTERIC THROMBOSIS</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 HRS</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MURAL THROMBUS - L. AURICLE</u> <u>2 WKS</u> DUE TO (c) <u>ARTERIOSCLEROTIC HT. DIS.</u> <u>20 YRS</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>4200</u>				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)			
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?			
22. I hereby certify that I attended the deceased from <u>10/10</u> , 19 <u>56</u> , to <u>10/11</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10/10</u> , 19 <u>56</u> , and that death occurred at <u>1:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>L. B. Bell</u> M.D.				23b. ADDRESS <u>Troy, Missouri</u>		23c. DATE SIGNED <u>10/12/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/13/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thornhill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-20 '56</u>		REGISTRAR'S SIGNATURE <u>Emma B. Riddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kemper-Marsh Funeral Home Troy, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *Joseph J. Mars*
Licensed Embalmer No. 3932.....

P. O. Address Troy, Missouri.....

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.