S. No. 300
v. 10.48

FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37558

BIRTH NO. _____ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 5416 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: DUNKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARDWELL
c. LENGTH OF STAY (in this place): 36 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: DUNKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CARDWELL
d. STREET ADDRESS (If rural, give location): 0350

3. NAME OF DECEASED (Type or Print)
a. (First): JESS
b. (Middle): MELVIN
c. (Last): YOUNG

4. DATE OF DEATH (Month) (Day) (Year): 3/1/1956

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 7/4/1892
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 7, Days 26 — IF UNDER 1 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER (RETIRED)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): KENTUCKY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: NO RECORD
13b. MOTHER'S MAIDEN NAME: NO RECORD
14. NAME OF HUSBAND OR WIFE: GENEVA YOUNG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Geneva Young — ADDRESS: Cardwell Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): asthma
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 24 | X
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Past 10 yrs or more, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 3-1-, 1956, *and that death occurred at* 1:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W W English MD
23b. ADDRESS: Cardwell, MO
23c. DATE SIGNED: 3-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3/4/56
24c. NAME OF CEMETERY ~~OR CREMATORY~~: CARDWELL, CEMETERY
24d. LOCATION (City, town, or county) (State): CARDWELL, DUNKLIN, Mo.

DATE REC'D BY LOCAL REG.: 3-22-56
REGISTRAR'S SIGNATURE: Hubert B. Baird
25. FUNERAL DIRECTOR'S SIGNATURE: McDANIEL FUNERAL SERVICE INC. — ADDRESS: CARDWELL, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

472 6

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 11-14-56
COUNTY FILE NUMBER 1156-428

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. ~~4048~~, working under my personal supervision.

Student _____
Student Embalmer

Signed Ed. L. Cumm

Licensed Embalmer No. 4048

P. O. Address Lenoth Mo.

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 this body is not embalmed, fact should be so stated above.