

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12298

FILED APR 17 1957

State File No. _____
Registrar's No. 285

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Knobel	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) none	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) LEE b. (Middle) C. c. (Last) YOUNG			4. DATE OF DEATH April 3, 1957 (Month) (Day) (Year)		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 15, 1891	9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months 11 Days 18	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charlie Young	13b. MOTHER'S MAIDEN NAME no record	14. NAME OF HUSBAND OR WIFE Flossie Young
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Flossie Young ADDRESS Knobel, Ark.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		2 da
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary insuff. 3 yrs DUE TO (c) adhesive pericarditis ?		
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	20. AUTOPSY 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4/2/57, 1957, to 4/3/57, 1957, that I last saw the deceased alive on 4/2/57, 1957, and that death occurred at 6:00 Am., from the causes and on the date stated above.

23a. SIGNATURE J. P. Kienberk M.D.	23b. ADDRESS Poplar Bluff Mo	23c. DATE SIGNED 4/9/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/5/57	24c. NAME OF CEMETERY OR CREMATORY Bond	24d. LOCATION (City, town, or county) / / (State) Knobel, Arkansas
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DATE REC'D. BY LOCAL REG. 4/13/57	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Russell-Ermert ADDRESS Corning, Ark.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

489-0

RECEIVED

APR 15 1957

BUTLER CO. HEALTH CENTER

FILE No. _____

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 _____

Student Embalmer

Signed

Leslie D. Russell

Licensed Embalmer No. 3855-2ms

P. O. Address Cornelia Ark.

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.