

Registration District No. 68 Primary Registration District No. 4119 Registrar's No. 16

300
1-57

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|--|-------------------------------|---|--|
| 1. PLACE OF DEATH COUNTY <u>Christian</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Christian</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ozark, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Ozark, Missouri</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ozark, Mo.</u> Length of stay in lb <u>5 Yrs.</u> | | d. STREET ADDRESS (If outside, give location) <u>Ozark, Mo.</u> Residence on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Lee</u> Middle <u>M.</u> Last <u>Youngman</u> | | | 4. DATE OF DEATH Month <u>June</u> Day <u>23</u> Year <u>1957</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 29, 1872</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years from birthday) <u>85</u> F UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 11. BIRTHPLACE (City and state or country) <u>Iowa</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>John W Youngman</u> | | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Grace Youngman</u> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>Mrs. Grace Youngman, Ozark, Missouri</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary heart disease, recurrent</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Several other changes, severe dementia, arteriosclerosis of abdominal aorta - very large 4/20/</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> <u>yes?</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | |
| 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from <u>1 June 57</u> to <u>23 June 57</u> and last saw <u>him</u> alive on <u>21 June 57</u> Death occurred at <u>7:10</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>J. D. Piper</u> (Degree or title) <u>M.D.</u> | | 22b. ADDRESS <u>Ozark, Mo</u> | |
| 22c. DATE SIGNED <u>23 June 57</u> | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 23b. DATE <u>June 24, 57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Toledo Cemetery</u> |
| 23d. LOCATION (City, town, or county) <u>Toledo</u> | | (State) <u>Iowa</u> | |
| 24. FUNERAL DIRECTOR <u>T. B. Chaffin</u> ADDRESS <u>Ozark, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>June 29-1957</u> | 26. REGISTRAR'S SIGNATURE <u>Loretta Leonard</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

JUL 8 1951

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 *T. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.