No. 300
10.48

FILED JUL 25 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25160

State File No. 25160

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559v Registrar's No. 64

1. PLACE OF DEATH
a. COUNTY: JEFFERSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FESTUS
c. LENGTH OF STAY (in this place): 3½ YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MTN. VIEW CONV. HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: ST. FRANCOIS
c. CITY OR TOWN: BONNETERRE
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): —

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

4. DATE OF DEATH (Month) (Day) (Year): JULY 13 1957

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: Dec. 7, 1868
9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): NEW JERSEY
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THOS. PEARCE
13b. MOTHER'S MAIDEN NAME: MARGARET ANDREWS
14. NAME OF HUSBAND OR WIFE: THOS. U. YOUNG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: PEARCE YOUNG
ADDRESS: 98 ARUNDEL PL. ST. LOUIS 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) Cerebro-Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — Several yrs.
DUE TO (c)

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: 331x
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* 6-12, 1952, *to* 7-13, 1957, *that I last saw the deceased alive on* 7-13, 1957, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. N. Donnell (Degree or title) M.D.
23b. ADDRESS: 112 Mississippi Ave Crystal City, Mo.
23c. DATE SIGNED: 7-15-57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JULY 16 1957
24c. NAME OF CEMETERY OR CREMATORY: BONNETERRE
24d. LOCATION (City, town, or county) (State): BONNETERRE Mo.

DATE REC'D BY LOCAL REG.: 7-15-57
REGISTRAR'S SIGNATURE: Jean G. Fogdon
25. FUNERAL DIRECTOR'S SIGNATURE: Donnell B. Dietrich
ADDRESS: Desoto Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JUL 19 1957

AUG 5 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lonnell B. Dietz

Licensed Embalmer No. 4104

P. O. Address Desoto Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.