

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34550

FILED OCT 11 1957

Registration District No. 333 Primary Registration District No. 4488 Registrar's No. 173

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SCOTT			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VANDUSER			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RFD #1 BELL CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION -			Length of stay in 1b 0	d. STREET ADDRESS (If outside, give location) -			
3. NAME OF DECEASED (Type or print) ROBERT WADE YOUNG				4. DATE OF DEATH 9-27-1957			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-25-1907	9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (City and state or country) TIPTONVILLE TENN		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME RILEY YOUNG				14. MOTHER'S MAIDEN NAME FLORENCE			
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. 426-03-9416	17. INFORMANT Mar Bonna Young - Bell City MO R#1			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Basal Skull Fracture - Crushed Chest, rt. side							INTERVAL BETWEEN ONSET AND DEATH 0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) _____		DUE TO (c) _____		8234
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 32							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input checked="" 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.) Lost Control of car - Hit Brick Building.					
20c. TIME OF INJURY 10⁵⁵ p.m. 9-27-57							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		20f. CITY, TOWN, OR LOCATION Vanduser SCOTT COUNTY STATE MO			
21. I attended the deceased from first call after death and last saw her alive on him Death occurred at 10⁵⁵ p.m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Thelma C. Bueckelhorst M.D. Health Officer -				22b. ADDRESS Benton, MO		22c. DATE SIGNED 10-2-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9-30-1957	23c. NAME OF CEMETERY OR CREMATORY City		23d. LOCATION (City, town, or county) (State) PORTAGEVILLE MO		
24. FUNERAL DIRECTOR WELSH FUNERAL HOME - SKESTON - MO				25. DATE RECD. BY LOCAL REG. 10-2-57		26. REGISTRAR'S SIGNATURE Wm. C. Hunter	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

DATE RECEIVED OCT 7 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1057-211

OCT 27 1957

NOV 4 1957

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

Raymond Crews

Licensed Embalmer No. 38

P. O. Address Sikeston

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.