

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35079
STATE FILE NUMBER

FILED NOV 4 1957

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 484

Health, & Welfare
Public
Service
S. 300
7. 1-56
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. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau, Mo</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Chaffee</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>			Length of stay in lb <u>7 Days</u>		d. STREET ADDRESS <u>110 Gray Ave.</u>		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>GARRY</u> Middle <u>HALL</u> Last <u>YOUNT</u>				4. DATE OF DEATH Month <u>10</u> Day <u>26</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>1-10-1879</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>Goodwater, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Ira Yount</u>				14. MOTHER'S MAIDEN NAME <u>Docie Hall</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Link</u>		17. INFORMANT <u>St. Louis, Mo.</u> <u>Grace Yount, 3410 Virginia Ave.</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> Gangrene both legs</u> DUE TO (b) <u>arterial occlusion</u> DUE TO (c) <u>arterial sclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u> <u>3 wks</u> <u>not known</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 <u>8:30</u> Month, Day, Year <u>Oct 25, 1957</u> 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>Oct. 19, 1957</u> to <u>Oct 25, 1957</u> and last saw her/him alive on <u>Oct 25, 1957</u> . Death occurred at <u>Oct 25, 1957 8:30</u> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>R. C. Pitts, M.D.</u>				22b. ADDRESS <u>Cape Girardeau Mo</u>		22c. DATE SIGNED <u>10-28-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>10-30-1957</u>	23c. NAME OF CEMETERY OR BURIAL PLACE <u>St. Paul Churchyard</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Missouri</u>		
24. FUNERAL DIRECTOR <u>Chaffee, Missouri</u> <u>Bisplinghoff Funeral Home</u>				25. DATE RECD. BY LOCAL REG. <u>10-29-1957</u>		26. REGISTRAR'S SIGNATURE <u>T. C. Summers</u>	

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 *Jack J. Burnett*
Licensed Embalmer No. *44*

P. O. Address *Chaffee*

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