

FILED DEC 12 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39418

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WAYNE</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POPLAR BLUFF</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>MILL SPRING</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <del>HOSPITAL</del> OR INSTITUTION <u>POPLAR BLUFF</u>			Length of stay in lb <u>5 DAYS</u>		d. STREET ADDRESS (If outside, give location) <u>110 S</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>DAVID</u> Middle <u>CLAUDE</u> Last <u>YOUNG</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>29</u> Year <u>1957</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>JUNE 19-57</u>	9. AGE (In years last birthday) <u>36</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min _____	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>FIREMAN-RIVER BOAT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RIVER BOAT</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>CHARLES WESLEY YOUNG</u>			14. MOTHER'S MAIDEN NAME <u>MARY ANGELINE YOUNGEMAN</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>LENA LITTRELL</u>		Address <u>4627 BROADWAY ST. LOUIS, MO</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>Fractured Skull</u>							INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	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>Neurothorax</u>	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.)						
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 <u>111</u>		COUNTY	STATE
21. I attended the deceased from <u>11-26-57</u> to <u>11-29-57</u> and last saw <u>her</u> alive on <u>11-29-57</u> Death occurred at <u>9-15 AM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>William H. ...</u> (Degree or title)				22b. ADDRESS <u>Poplar Bluff, Mo</u>		22c. DATE SIGNED <u>12-4-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>12-2-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MILL SPRING CEM.</u>		23d. LOCATION (City, town, or county) <u>MILL SPRING - Mo</u>		(State)	
24. FUNERAL DIRECTOR <u>GISH FUNERAL HOME</u>		ADDRESS <u>PEOPLES</u>	DATE RECD. BY LOCAL REG. <u>12/5/57</u>	25. REGISTRAR'S SIGNATURE <u>R. H. ...</u>			

(Licensed Embalmer's Statement on Reverse Side)

300  
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

RECEIVED

DEC 9 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

DEC 12 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 me Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Maurice E. Bowles

Licensed Embalmer No. 674

P. O. Address Piedmont

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.