

FILED NOV 20 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40957

STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 5635 Registrar's No. 185

V. S. 300  
Rev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Oklahoma</u> b. COUNTY <u>Pittsburg</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Phillipsburg Union</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>M. Alister 835</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>U.S. Highway 66</u> Length of stay in 1b <u>—</u>		d. STREET ADDRESS (If outside, give location) <u>506 W. Cherokee</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Lee</u> Middle <u>Roy</u> Last <u>Young</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>15</u> Year <u>1957</u>		
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5. SEX <u>M</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>May 3, 1898</u>	9. AGE (In years less birthday) <u>59</u>	IF UNDER 1 YEAR Month <u>6</u> Days <u>12</u>	IF UNDER 24 HRS. Hours <u>—</u> Min. <u>—</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Line Service Foreman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Johnson Co. Ark.</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Allen Young</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Claiborn</u>	14. NAME OF HUSBAND OR WIFE <u>Flossie Mae</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>—</u>	16. SOCIAL SECURITY NO. <u>441-14-1692</u>	17. INFORMANT <u>Carl Young</u> Address <u>M. Alister, Okla.</u>
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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>skull fracture, crushed jaw both upper and lower mandible</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>—</u>	
DUE TO (c) <u>Car wreck</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) <u>Car he was riding in Collided with another</u>
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20c. TIME OF INJURY Hour <u>1</u> a.m. Month, Day, Year <u>11-15-57</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. Highway 66</u>	20e. CITY, TOWN, OR LOCATION <u>Phillipsburg Junction</u> COUNTY <u>Laclede</u> STATE <u>Mo.</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. CITY, TOWN, OR LOCATION <u>Phillipsburg Junction</u> COUNTY <u>Laclede</u> STATE <u>Mo.</u>
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21. I attended the deceased from 1: A.M. to — and last saw him alive on —  
Death occurred at 1: A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>S.R. Palmer</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Lebanon, Mo.</u>	22c. DATE SIGNED <u>11/15/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>11/16/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>M. Alister Okla.</u>
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24. FUNERAL DIRECTOR <u>Helman</u> ADDRESS <u>Lebanon, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-15-1957</u>	26. REGISTRAR'S SIGNATURE <u>Hella L. Hay</u>
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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APR 18 1958

DEC 11 1957

AUG 28 1960

Received 11-18-57  
Laclede County Health Unit  
File No. 185  
Date Filed 11-18-57

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 Dorsey M. Howe

Licensed Embalmer No. 4222  
P. O. Address Lebanon, 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.