

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

FILED MAR 4 - 1958

Registration District No. 120

Primary Registration District No. 4194

Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <b>Gentry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Gentry</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Albany</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Albany Rest Home</b>		Length of stay in lb <b>9 mos.</b>	d. STREET ADDRESS (If outside, give location) <b>Athens Township</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Noble</b> Middle <b>Gaal</b> Last <b>Younger</b>			4. DATE OF DEATH Month <b>February</b> , Day <b>27</b> , Year <b>1958</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 26, 1885</b>	9. AGE (In years last birthday) <b>72</b>	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) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (City and state or country) <b>Whiteside, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>George O. Younger</b>		13b. MOTHER'S MAIDEN NAME <b>Nora Agee</b>		14. NAME OF HUSBAND OR WIFE <b>Para Manion Younger</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mr. Lee Younger Albany, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Brain Abscess</b>					INTERVAL BETWEEN ONSET AND DEATH <b>8 days.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus</b>					<b>10 yrs.</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) <b>260X</b>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 <b>Albany Gentry Mo.</b>		STATE <b>Mo.</b>
21. I attended the deceased from <b>1950</b> to <b>2-27-58</b> and last saw <sup>her</sup> him alive on <b>2-27-58</b> . Death occurred at <b>4:45 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Frank H. Rose M.D.</b> (Degree or title)			22b. ADDRESS <b>Albany, Mo.</b>		22c. DATE SIGNED <b>2-28-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>Mar. 1, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Grandview</b>		23d. LOCATION (City, town, or county) (State) <b>Albany, Missouri</b>
24. FUNERAL DIRECTOR <b>Clifford Brooks, Albany, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>3-1-1958</b>	26. REGISTRAR'S SIGNATURE <b>Mo. L. W. Bare</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Health,  
Welfare  
Public  
Service300  
-57

Doctor, coroner, etc. must use only standard nomenclature. All diseases in Part I must be causally related.

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 .....Donald E. Cochel.....

Licensed Embalmer No. 4868

P. O. Address Albany, 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.