

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017119

STATE FILE NUMBER

FILED MAY 13 1958

Registration District No. 360 Primary Registration District No. 6224 Registrar's No. 81

S. 300
1-57

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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

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Center		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Nevada		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		d. STREET ADDRESS (If outside, give location) 427 W. Lee		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First Paul Middle Edwin Last Young						4. DATE OF DEATH Month April Day 29 Year 1958					
5. SEX M		6. COLOR OR RACE Wh		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH January 14, 1929		9. AGE (In years last birthday) 29		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			10b. KIND OF BUSINESS OR INDUSTRY Implement		11. BIRTHPLACE (City and state or country) Marshfield, Missouri		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Ollie Young				13b. MOTHER'S MAIDEN NAME Vera Day				14. NAME OF HUSBAND OR WIFE Rita Young			
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. 486-30-7112		17. INFORMANT Address Rita Young, 427 W. Lee, Nevada, Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Injuries Received in Auto Accident								INTERVAL BETWEEN ONSET AND DEATH			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Possible accidental drowning DUE TO (c) Car was found in stream upside down with body in								19. WAS AUTOPSY PERFORMED? 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)								
20c. TIME OF INJURY Hour Month, Day, Year a.m. 9 29-58 p.m.											
20d. INJURY OCCURRED WHILE AT <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.) Highway 54			20f. CITY, TOWN, OR LOCATION Vernon			COUNTY 108 STATE Mo		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Richard S. Martin (Degree or title) Coroner						22b. ADDRESS Nevada - 220			22c. DATE SIGNED 5-3-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 1, 1958		23c. NAME OF CEMETERY OR CREMATORY Marshfield Cemetery			23d. LOCATION (City, town, or county) (State) Marshfield Missouri				
24. FUNERAL DIRECTOR ADDRESS Ferry Funeral Home, Nevada, Mo.				25. DATE RECD. BY LOCAL REG. 5-6 1958		26. REGISTRAR'S SIGNATURE Orma E. Ferry					

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1959

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 *B. J. Lindley*

Licensed Embalmer No. *4822*

P. O. Address *Merida*

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.