

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017773  
STATE FILE NUMBER

FILED MAY 26 1958

Registration District No. 115-116 Primary Registration District No. 3120 Registrar's No. 152

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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 <b>Franklin</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Warrenton 1090</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>St. Francis Hosp.</b>		Length of stay in lb <b>5 wks.</b>	d. STREET ADDRESS (If outside, give location) <b>R.R. #2</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Diamond Edward Young, Jr.</b>			4. DATE OF DEATH Month Day Year <b>May 14, 1958</b>		
5. SEX <b>Male D</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>Jan. 5, 1922</b>	9. AGE (In years) <b>36</b> IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Orderly</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hospital</b>	11. BIRTHPLACE (City and state or country) <b>Des Moines, Iowa 1</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Diamond Young</b>		13b. MOTHER'S MAIDEN NAME <b>Hallie Curry</b>		14. NAME OF HUSBAND OR WIFE <b>Verba Yoder Young</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-28-1139</b>	17. INFORMANT Address <b>R.R.#2 Warrenton, 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>Internal Hemorrhage - Gastro-intestinal</b> DUE TO (b) <b>Dehiscence of operative wound and Paralytic Stools - following partial</b> DUE TO (c) <b>Gastrorectomy.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH by not related to the terminal disease condition given in PART I (a) <b>Post Operative Pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH
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		COUNTY STATE
21. I attended the deceased from <b>4-7-58</b> to <b>5-13-58</b> and last saw her/him alive on <b>5-13-58</b> Death occurred at <b>1:30</b> p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>H. Walter Egermann M.D.</b>			22b. ADDRESS <b>6 Warrenton Mo</b>		22c. DATE SIGNED <b>5/16/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-17-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Warrenton, Mo.</b>
24. FUNERAL DIRECTOR <b>F.W. Nieburg &amp; Co., Warrenton, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>5/19/58</b>	26. REGISTRAR'S SIGNATURE <b>H. Walter Egermann</b>	

MAY 29 1958

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MAY 28 1958

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MAY 28 1958

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 *John Thiberg*  
Licensed Embalmer No. 3897  
P. O. Address Warrington, Va.

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.