

FILED DEC 24 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-046905  
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 236

300  
-57

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Sikeston</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Sikeston</b> <sup>1030</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>118 South Street</b>		Length of stay in lb <b>63 Years</b>	d. STREET ADDRESS (If outside, give location) <b>118 south street</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>LOUELLA — YOUNG</b>			4. DATE OF DEATH Month Day Year <b>Dec. 9, 1958</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 8, 1877</b>
9. AGE (In years at birthday) <b>81</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b>1</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- - - -</b>	11. BIRTHPLACE (City and state or country) <b>Marion, Kentucky</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William J. Salyer</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Ellen Bird</b>		14. NAME OF HUSBAND OR WIFE <b>Forrest Young (Dec'd)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, None dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT Address <b>Mrs. Clifford Gipson Sikeston, 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>Cerebral hemorrhage</b> Interval BETWEEN ONSET AND DEATH <b>12 hours</b> DUE TO (b) <b>Hemiplegia</b> <b>12 hours</b> DUE TO (c) <b>Hypertension</b> <b>20 years</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>331X</b>	
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 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 COUNTY STATE	
21. I attended the deceased from <b>12-8-58</b> to <b>12-9-58</b> and last saw her/him alive on <b>12-9-58</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (De signer's title) <i>Thomas C. McClure</i> M. D.		22b. ADDRESS <b>Sikeston, Mo.</b>	
22c. DATE SIGNED <b>12-15-58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>12-11-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Sikeston, Mo.</b>		23e. STATE <b>Mo.</b>	
24. FUNERAL DIRECTOR <i>Nunnelee Funeral Chapel</i>		25. DATE RECD. BY LOCAL REG. <b>12-18-58</b>	
26. REGISTRAR'S SIGNATURE <i>Mr. E. H. Hunter</i>		27. REGISTRAR'S TITLE <b>Registrar</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

CO. FILE NO. 1000

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 *Philip J. Cassady* .....

Licensed Embalmer No. *4618* .....

P. O. Address *Sekeston, 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.