

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047333

STATE FILE NUMBER

FILED FEB 24 1959

Registration District No. 373

Primary Registration District No. 6266

Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>WRIGHT</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>HIGH PRAIRIE</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>HARTVILLE</b>		1140 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>EAST OF MARSHFIELD</b>		Length of stay in 1b <b>9 MON.</b>	d. STREET ADDRESS (If outside, give location) <b>NORTH W. OF HARTVILLE</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ALBERT WOODSON YOUNG</b>			4. DATE OF DEATH Month Day Year <b>9 / 30 / 1958</b>		
5. SEX <b>MALE</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>12 / 12 / 1872</b>	9. AGE (In years last birthday) <b>85</b> IF UNDER 1 YEAR: Months <b>9</b> Days <b>18</b> Hours <b>0</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and state or country) <b>WRIGHT CO., MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>JEFF YOUNG</b>		13b. MOTHER'S MAIDEN NAME <b>JANE EASLEY</b>		14. NAME OF HUSBAND OR WIFE <b>ADA PEARMAN (DECEASED)</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>NONE</b>	17. INFORMANT Address <b>T.A. HARGIS MARSHFIELD, MISSOURI</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>Cardio-Vascular Renal Disease</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)					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.) <b>442 X</b>			
20c. TIME OF INJURY Hour _____ 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>Jun 1950</b> to <b>Sept 30 1958</b> and last saw her/him alive on <b>Sept 9 1958</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>D. M. Orthum, D.D.</i> (Degree or title) <b>2</b>			22b. ADDRESS <b>Hartville Mo</b>		22c. DATE SIGNED <b>9-30-58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>10/3/1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>LITTLE CREEK</b>		23d. LOCATION (City, town, or county) (State) <b>HARTVILLE MISSOURI</b>
24. FUNERAL DIRECTOR <i>W. J. Simpson</i> ADDRESS <b>Hartville Mo</b>		25. DATE RECD. BY LOCAL REG. <b>FEB 19 1959</b>		26. REGISTRAR'S SIGNATURE <i>J. Francis</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *RUBaker* .....

Licensed Embalmer No. *7888*

P. O. Address *11th Ave*

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.