

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012618

STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 58 Primary Registration District No. 4087 Registrar's No. 9

300
1-57

1. PLACE OF DEATH a. COUNTY CARTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CARTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VAN BUREN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN VAN BUREN, MO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION RESIDENCE		Length of stay in lb 15 YEARS	d. STREET ADDRESS (If outside, give location) VAN BUREN Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CHESTER Middle MONROE Last YOUNG			4. DATE OF DEATH Month 4 - Day 29 - Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-16-1895	9. AGE (In years lost by days) 64 0 14	IF UNDER 1 YEAR Months 0 Days 14	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT & LABOR RESTAURANT		10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT	11. BIRTHPLACE (City and state or country) CARTER County, MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME GEORGE YOUNG		13b. MOTHER'S MAIDEN NAME DORA TROUTMAN		14. NAME OF HUSBAND OR WIFE ATTIE 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. 496-01-4686	17. INFORMANT Address ATTIE YOUNG VAN BUREN, 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) acute circulatory failure			INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) chronic arteriosclerosis		3 years
		DUE TO (c) and Diabetes Mellitus		8 "
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 260X			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 9:00 P.M. Month, Day, Year					
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 VAN BUREN		STATE MO

21. I attended the deceased from **3-30-51** to **4-29-59** and last saw ^{her}him alive on **4-29-59**
Death occurred at **9:00 P.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank J. Pasmolik, D.O.	(Degree or title)	22b. ADDRESS Van Buren, Mo.	22c. DATE SIGNED 4-30-59
--	-------------------	---------------------------------------	------------------------------------

23a. BURIAL, CREMATION, OR REMOVAL (Specify) BURIAL	23b. DATE MAY 7, 1959	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY	23d. LOCATION (City, town, county) (State) VAN BUREN, MO.
---	---------------------------------	---	---

24. FUNERAL DIRECTOR MCSpadden	ADDRESS VAN BUREN, MO	25. DATE RECD. BY LOCAL REG. May 6-1959	26. REGISTRAR'S SIGNATURE Mrs Oeta Henson
--	---------------------------------	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their reports. No symptoms will be listed. 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 *Allen C. McGeehan*

Licensed Embalmer No. *45-43*

P. O. Address *Van Buren, 11*

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.