

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012710

STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 75

300
-57

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Smithville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Smithville <i>6000</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Smithville Community Hosp.		Length of stay in lb Life	d. STREET ADDRESS (If outside, give location) Main St.
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First George Middle William Last Young			4. DATE OF DEATH Month April Day 24 Year 1959		
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5. SEX Ma	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 June 23, 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS. Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor	10b. KIND OF BUSINESS OR INDUSTRY Restaurant	11. BIRTHPLACE (City and state or country) Clay County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John T. Young	13b. MOTHER'S MAIDEN NAME Mary Elizabeth Gosney	14. NAME OF HUSBAND OR WIFE Mittie Young
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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. None	17. INFORMANT Mrs. Mittie Young	Address Smithville, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Edema</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Cardiac & Renal failure</i>	
	DUE TO (c) <i>ASHD + Interictal sclerosis</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4280		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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Smithville	COUNTY Clay	STATE Mo.
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21. I attended the deceased from Death occurred at 2-24-59 to 4-24-59 and last saw him alive on 4-24-59 <i>6:35 A.M.</i> of the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Daniel D. M.D.</i>	(Degree or title)	22b. ADDRESS <i>Smithville Mo</i>	22c. DATE SIGNED <i>4-24-59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-26-59	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	23d. LOCATION (City, town, or county) (State) Smithville, Missouri
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24. FUNERAL DIRECTOR McComas Funeral Home	ADDRESS Smithville, Mo.	25. DATE RECD. BY LOCAL REG. 4-25-59	26. REGISTRAR'S SIGNATURE <i>Marguerite Hudgens</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 *Donald W. Hanker*

Licensed Embalmer No. *4528*

P. O. Address *Smithville, 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.