URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 043980

FILED VS DEC 28 1959

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. Rural Registrar's No. 1379

ENDED

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 13 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Route 9 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Greene
c. CITY OR TOWN: Springfield — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Route 9 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: JOHN Middle: HENRY Last: YOUNG

4. DATE OF DEATH: Month December Day 19 Year 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: October 1, 1881
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months 2 Days 19 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: General Mdse. Store
11. BIRTHPLACE (City and state or country): Rogersville, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Henry Gilbert Young
13b. MOTHER'S MAIDEN NAME: Elizabeth Jones
14. NAME OF HUSBAND OR WIFE: Cora Ann Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. George Crighton Address: Springfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH
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)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 10/16/53, to 12-29-59 and last saw her/him alive on 12-13-59
Death occurred at 6:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John Sim Jr. M.D. (Degree or title)
22b. ADDRESS: Springfield Mo
22c. DATE SIGNED: 12-21-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: December 21, 1959
23c. NAME OF CEMETERY OR CREMATORY: Pembina
23d. LOCATION (City, town, or county) (State): Rogersville, Missouri

24. FUNERAL DIRECTOR: Gorman-Scharpf Funeral Home ADDRESS: Springfield, Missouri
25. DATE RECD. BY LOCAL REG.: 12-21-59
26. REGISTRAR'S SIGNATURE: Effie G. Meeton

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lewis G. Schasp

Signature of Student Embalmer

Licensed Embalmer No. 3802

P. O. Address Springfie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.