

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-002890

FILED VS FEB 10 1960 282

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 20

STATE FILE NUMBER

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY Polk | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Polk | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bolivar Rural | | Length of stay in 1b 7 mo.'s. | c. CITY OR TOWN Aldrich |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Pleasant View Rest Home | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Gen. Del. |
| 3. NAME OF DECEASED (Type or print) First MARY Middle _____ Last Young | | 4. DATE OF DEATH Month 1 Day 27 Year 60 | |

| | | | | | | |
|---|----------------------------------|---|---|--|--|--|
| 5. SEX FEMALE | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-10-1868 | 9. AGE (last birthday) 91 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY SELF | 11. BIRTHPLACE (City and state or country) Polk Co. Mo. | 12. CITIZEN OF WHAT COUNTRY USA | | |
| 13a. FATHER'S NAME Alfred Needham | | 13b. MOTHER'S MAIDEN NAME Mary Davis | | 14. NAME OF HUSBAND OR WIFE James O. 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. None | 17. INFORMANT O. L. Young Bolivar, Mo. | | | |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE (a) **Cerebral apoplexy**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **generalized arteriosclerosis**

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) _____

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

INTERVAL BETWEEN ONSET AND DEATH
7 days

| | | | |
|---|---|--|---|
| 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 _____ Month, Day, Year _____ s.m. _____ p.m. _____ | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **1-2-60** to **1-27-60** and last saw her alive on **1-26-60**
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

| | | |
|--|--------------------------------|-----------------------------------|
| 22a. SIGNATURE D. McEran (Degree or title) | 22b. ADDRESS Bolivar | 22c. DATE SIGNED 2/3/60 |
|--|--------------------------------|-----------------------------------|

| | | | |
|--|-----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1-30-60 | 23c. NAME OF CEMETERY OR CREMATORY Shady Grove Cemetery | 23d. LOCATION (City, town, or county) (State) Polk Co. Mo. |
|--|-----------------------------|---|--|

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|---|---|--|
| 24. FUNERAL DIRECTOR Brin DANIEL, Walnut Grove, Mo. | 25. DATE RECD. BY LOCAL REG. Feb. 4, 1960 | 26. REGISTRAR'S SIGNATURE Ralph Horden per Jewell Horden |
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DOCUMENT

MEDICAL CERTIFICATION

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 _____ or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Ray B. Ireland

Licensed Embalmer No. 5052

P. O. Address Halemont, Ga.

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