

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 19 1960

-60-048484 STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 38

DED

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Stoddard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brownwood	Length of stay in lb 12yrs	c. CITY OR TOWN Brownwood	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Pike Twp.	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS PINE	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Oliver Middle C. Last Young			4. DATE OF DEATH Month Nov. Day 27, Year 1960			
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 6/4/1892	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months 5 Days 23	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) LEAVENWORTH, KAN.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME ALBERT A. YOUNG		13b. MOTHER'S MAIDEN NAME BECCA JANE BRANN		14. NAME OF HUSBAND OR WIFE Dorothy M. Young		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I.	16. SOCIAL SECURITY NO. 448-07-8245	17. INFORMANT Dorothy M. Young, Brownwood 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:		INTERVAL BETWEEN ONSET AND DEATH 6 hours
IMMEDIATE CAUSE (a) Coronary Thrombosis	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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 a.m. 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 Advance Mo.	COUNTY STATE
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21. I attended the deceased from **1959** to **Nov. 27, 1960** and last saw him alive on **Nov. 27, 1960**.
Death occurred at **6 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. C. Masters Do.	(Degree or title)	22b. ADDRESS Advance Mo.	22c. DATE SIGNED Nov. 29, 60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-29-60	23c. NAME OF CEMETERY OR CREMATORY Morgan Memorial Park	23d. LOCATION (City, town, or county) Advance, Mo.
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24. FUNERAL DIRECTOR Wm. H. Morgan	ADDRESS Advance, Mo.	25. DATE RECD. BY LOCAL REG. 12/3/60	26. REGISTRAR'S SIGNATURE Bessie Moore
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 21 1960

VS DEC 20 1960
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W^m H. Morgan

Licensed Embalmer No. *464*

P. O. Address *Adrian*

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