

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009994

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5900 Registrar's No. 44

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

FILED MAR 29 1961

1. PLACE OF DEATH
 a. COUNTY Demuscat
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Micalu Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
 a. STATE MO. b. COUNTY Demuscat
 c. CITY OR TOWN Steele Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Route Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Lizzie Middle Young Last _____
 4. DATE OF DEATH Month 3 Day 16 Year 61

5. SEX F 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 3-10-20 9. AGE (last birthday) 41 IF UNDER 1 YEAR Months 0 Days 2 IF UNDER 24 HR Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home work 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Severed Tenn 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Walter Schubert 13b. MOTHER'S MAIDEN NAME Zuchee Ward 14. NAME OF HUSBAND OR WIFE Steeley 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. _____ 17. INFORMANT Steeley Young Address Brooklyn Tenn

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:
 PART I. IMMEDIATE CAUSE (a) Carcinoma Brain INTERVAL BETWEEN ONSET AND DEATH 6 mos
 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____

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 Sept 1 60 to March 16 '61 and last saw her March 16 '61 alive on _____
 Death occurred at 4:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Home Jamison (Degree or title) 22b. ADDRESS Steele Mo 22c. DATE SIGNED 3-16-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 3-17-61 23c. NAME OF CEMETERY OR CREMATORY Mt Zion 23d. LOCATION (City, town, or county) (State) Steele MO

24. FUNERAL DIRECTOR Bermon Funeral Home ADDRESS Steele 25. DATE RECD. BY LOCAL REG. 3-18-61 26. REGISTRAR'S SIGNATURE Charlotte E. Sloan

VS MAR 29 1961

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 Jim F. McChase

Licensed Embalmer No. 5104

P. O. Address Steele, Missouri

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.