

FILED FEB 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7314

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington rural St. Francois</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Farmington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri State Hospital No. 4</u>		d. STREET ADDRESS (If rural, give location) <u>505 Cayce</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LOFTON</u>		c. (Last) <u>YOUNG</u>	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <u>February 14, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov. 7, 1904</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ste. Genevieve, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joseph Newton Young</u>	
13b. MOTHER'S MAIDEN NAME <u>Loretta Turley</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Records, State Hospital No. 4, Farmington, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction - - - - -</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 das.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis - - - - -</u> <u>Unknown.</u> DUE TO (c) <u>4201</u>	
II. OTHER SIGNIFICANT CONDITIONS. <u>Lordosis and kyphosis of the thoracic vertebrae</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>for years, and Psychosis with mental deficiency</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>5:55 P.M.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>February 8, 1953</u> , to <u>Feb. 14, 1953</u> , that I last saw the deceased alive on <u>Feb. 14, 1953</u> and that death occurred at <u>5:55 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. A. Bennett, M.D.</u>		23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	
23c. DATE SIGNED <u>2-14-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Feb. 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Three Rivers Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cozean Funeral Home, Farmington, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 14, 1953</u>		REGISTRAR'S SIGNATURE <u>Esther Redloff</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

09402

0941

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
Student Embalmer

Signed _____

Licensed Embalmer No. 4084

P. O. Address Wilmington, N.C.

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 this body is not embalmed, fact should be so stated above.