

FILED FEB 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1845

62 99

BIRTH NO. 124 REG. DIST. NO. 266 PRIMARY REG. DIST. NO. 5752 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>10 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>20 mi. S.W. of Fredericktown</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>20 mi. S.W. of Fredericktown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Huston</u> c. (Last) <u>Young</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 31 - '49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Jan. 12, 1867</u>
9. AGE (In years last birthday) <u>82</u> Months <u>0</u> Days <u>19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer-laborer</u>	
11. BIRTHPLACE (State or foreign country) <u>Madison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Young</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Anna Young (deceased)</u>			
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>Raymond L. Young</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, asthma, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis of lungs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4015 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General decline of health</u>			
DUE TO (c) <u>age - chronic gastritis</u>		<u>50.6 yrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>not</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>U.L.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>D</u>			
22. I hereby certify that I attended the deceased from <u>Jan 1, 1948</u> , to <u>Jan 31, 1949</u> , that I last saw the deceased alive on <u>Oct 10, 1948</u> , and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Henry Barron MD</u> (Degree or title)		23b. ADDRESS <u>Fredericktown Mo</u>	
23c. DATE SIGNED <u>2-2-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>2-2-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Liberty church cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Iron County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-4-1949</u>		REGISTRAR'S SIGNATURE <u>Stewart Pickel</u> 187	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Webb-Adams</u> ADDRESS <u>Fredericktown Mo</u>			

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

REGISTRATION

District Health Officer No. 4  
District File Number 249-214  
Date Filed 2-9-49

**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.

Signed L. L. Adams

Licensed Embalmer No. 4351

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Fredericktown, Md

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.