

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5831**

BIRTH NO. _____ REG. DIST. NO. **299** PRIMARY REG. DIST. NO. **6029** Registrar's No. **7**

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) Town Rural, Lesterville		c. CITY (If outside corporate limits, write RURAL and give township) 0940 Town Rural, Lesterville Twsp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4 mi. east of Lesterville		d. STREET ADDRESS (If rural, give location) 4 miles east of Lesterville	

3. NAME OF DECEASED (Type or Print) a. (First) Miles b. (Middle) Wesley c. (Last) Young	4. DATE OF DEATH (Month) Feb. (Day) 8 (Year) 1950
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 30 1860	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Month 4 Day 8	IF UNDER 1 HR. Hour 1 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of speaking life, even if retired) farmer (retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Iron County Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Young	13b. MOTHER'S MAIDEN NAME Sibbie Williams	14. NAME OF HUSBAND OR WIFE Martha Rose Young
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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. no	17. INFORMANT'S SIGNATURE OR NAME Oscar Young, Arcadia Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute indigestion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5442	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 6, 1950**, to **Feb 8, 1950**, that I last saw the deceased alive on **Feb. 7, 1950**, and that death occurred at **2:50A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. M. Whitepatrick M.D.	23b. ADDRESS Lesterville Mo	23c. DATE SIGNED 2/11/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2-9-50	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Arcadia, Iron Co. Mo.
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DATE REC'D BY LOCAL REG. 2-10-50	REGISTRAR'S SIGNATURE E. M. Whitepatrick	25. FUNERAL DIRECTOR'S SIGNATURE White Funeral Home, Ironton Mo.	ADDRESS Ironton Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

900

RECEIVED 2/13/50
District Health Officer No. 5,

District File Number 25098

Date Filed 2/17/50

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 Harold J. White

Licensed Embalmer No. 3012

P. O. Address Montclair, Ill.

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.