

**FILED AUG 26 1969**  
**CERTIFICATE OF DEATH**

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 452

DO NOT WRITE ON THIS STUB

9. 0  
10a. 84  
10b. 02  
11. 0  
12. 2  
13. 4369  
14. 0  
15. 9  
16. 0  
17. 0  
18. 0  
19. CREDITS  
20. 1-0

VS 300  
Rev. 1/68

4.0128

5. 02

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

60180

PARENTS

CAUSE

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)	
1.		Burns	Newton	Young	2. male	3. 7-29-1969	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY, (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)	COUNTY OF DEATH	
4. white		So. 84	MOS	DAYS	6. 9-1-1884	7a. Butler	
CITY, TOWN, OR LOCATION OF DEATH			INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Poplar Bluff			7c. yes	7d. Doctors Hospital			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	
8. Missouri		9. U.S.A.		10. widowed		11.	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY			
12. 486-18-0158-a		13a. Timber worker		13b.			
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER	
14a. Mo.		14b. Carter	14c. Van Buren		14d. no	14e.	
FATHER—NAME			FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME	
15. Andrew Martin Young			16. Mary E. Couch				
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Mrs. Orville Smith				17b. Gen. Del. Van Buren, Mo.			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]							
18. IMMEDIATE CAUSE							
(a) RESPIRATORY FAILURE							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) CUA							
DUE TO, OR AS A CONSEQUENCE OF:							
(c) ARTERIOSCLEROSIS							
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)							
Diabetes Mellitus							
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.	20c.	M. 20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20e.		20f.		20g.			
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, BLE TO THE CAUSE(S) STATED.
21a. I ATTENDED THE DECEASED FROM		6	10	69	21b. 7	29	69
21c.		21d. YES		21e. 830 P			
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.							
22a.							
CERTIFIED (NAME (TYPE OR PRINT))		SIGNATURE		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR)		
23a. FRED CALDWELL M.D.		23b. Fred Caldwell M.D.		23c. M.D.	23d. 4 Aug 69		
MAILING ADDRESS—CERTIFIER		STREET		R.F.D. NO.	CITY OR TOWN	STATE	ZIP
23a. KNEIBERT Clinic		23b. Poplar Bluff		23c. mo	23d. 63901		
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME			LOCATION		
24a. Burial		24b. Liberty Cem.			24c. Iron County, Mo.		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)					
24d. 8-3-1969		24e. Pewitt-Sloan Van Buren, Mo. 63965					
FUNERAL DIRECTOR—SIGNATURE				REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. Howard B. Sloan				25b. Thelma Graham		25c. 8-18-1969	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

AUG 28 1969

**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 *James B. Sloan*  
Licensed Embalmer No. 5127

P. O. Address VAN BUREN, Mo.

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.