

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 377734

62

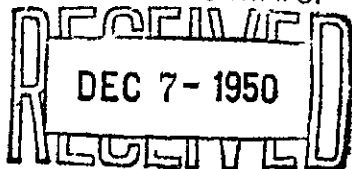
BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY MADISON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY MADISON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREDERICKTOWN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREDERICKTOWN	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION EAST Mine La Motte Ave.		d. STREET ADDRESS (If rural, give location) EAST Mine La Motte Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) NOAH b. (Middle) — c. (Last) YOUNG		4. DATE OF DEATH (Month) (Day) (Year) Nov 27, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 27, 1867
9. AGE (In years last birthday) 83	10. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (State or foreign country) Madison County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME JOSHIA YOUNG	13b. MOTHER'S MAIDEN NAME NANCY MINOR	14. NAME OF HUSBAND OR WIFE LITHA YOUNG	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS LITHA YOUNG, Fredericktown, Mo.	
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) Pneumonia ANTECEDENT CAUSES Cerebral apoplexy DUE TO (b) — DUE TO (c) — II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 334X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐	
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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Nov 27, 1950 , to Nov 27, 1950 , that I last saw the deceased alive on Nov 27, 1950 , and that death occurred at 11:00 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Marvin Grooman M.D.		23b. ADDRESS Fredericktown Mo	23c. DATE SIGNED 11/29/50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-29-50	24c. NAME OF CEMETERY OR CREMATORY LITTLE Vine Cemetery	24d. LOCATION (City, town, or county) (State) Madison County Missouri
DATE REC'D BY LOCAL REG. 11-29-1950	REGISTRAR'S SIGNATURE Florence Hicks	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sam Sajin Jr., Fredericktown, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 1250-30

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

William B. O'Connor

Licensed Embalmer No.

3975

P. O. Address

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