No. 300
10-48

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37734

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 2042 Registrar's No. 60

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

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN
c. LENGTH OF STAY (In this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EAST MINE LAMOTTE AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN 062 1/2
d. STREET ADDRESS (If rural, give location): EAST MINE LAMOTTE AVE

3. NAME OF DECEASED (Type or Print): a. (First) NOAH b. (Middle) — c. (Last) YOUNG

4. DATE OF DEATH: (Month) NOV (Day) 27, (Year) 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 — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. 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 (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S SIGNATURE OR NAME AND 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral apoplexy — 3 weeks

DUE TO (c)

II. OTHER SIGsignificant CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. 33 4/X

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) m.

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* ____, 19____, *to* NOV 27, 19 50, *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): Mamie Brooman 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 AND ADDRESS**: Sam Lajin Jr., Fredericktown, Mo.

(Licensed Embalmer's Statement on Reverse Side)

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.
RECEIVED
DEC 7 - 1950
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 wit the above constitutes grounds for revocation of license.)

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