

FILED FEB 28 1955

STANDARD CERTIFICATE OF DEATH

State File No.

4032

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>211</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Joseph</u>		c. LENGTH OF STAY (In this place) <u>9 years</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parkview at Sunny Slope</u> <u>2225 S. 11th St.</u>				e. STREET ADDRESS (If rural, give location) <u>R. R. #2</u> <u>0110</u>				
3. NAME OF DECEASED (Type or Print) <u>Charles</u>			a. (First) <u>C.</u>		b. (Middle) <u>Yates</u>		c. (Last) <u>Yates</u>	
4. DATE OF DEATH <u>February 21, 1955</u>		(Month) (Day) (Year)		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>April 9, 1879</u>		9. AGE (In years last birthday) <u>75</u>		IF UNDER 1 YEAR: Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret. rural mail carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>DeKalb County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George W. Yates</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Riley</u>		14. NAME OF HUSBAND OR WIFE <u>Chloe</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chloe Yates, R.R. #2, St. Joseph, Mo.</u>				
18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolus</u>		ANTECEDENT CAUSES				<u>4 days</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Coronary occlusion</u>				<u>5 weeks</u>		
		DUE TO (c) <u>Arteriosclerotic heart disease</u>				<u>8 years</u>		
II. OTHER SIGNIFICANT CONDITIONS		<u>Arteriosclerosis generalized</u>						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>1-28</u> , 19 <u>47</u> , to <u>2-21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2-21</u> , 19 <u>55</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Irwin Breenthal M.D.</u> (Degree or title)				23b. ADDRESS <u>St. Joseph, Mo</u>		23c. DATE SIGNED <u>2-22-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/23/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>DeKalb County, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Feb 24, 1955</u>		REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hester - Bowman</u>		ADDRESS <u>St. Joseph, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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..... Eugene Wood

Licensed Embalmer No. 380

P. O. Address 319 So 10th St

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.