

REC'D SEP 14 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28399

Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan
(b) Township St. Joseph
(c) City St. Joseph
(e) Length of residence in city or town where death occurred yrs. mos. 6 ds.Registration District No. 85Primary Registration District No. 1001Registered No. 892(d) Street No. MO. METHO HOSPITAL St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Ballatin, Mo. St. 1 Ballatin, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Olive Youtsey6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 4 18617. AGE YEARS 77 MONTHS 0 DAYS 24 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Own farm
10. Date deceased last worked at this occupation (month and year) Jan. 1932
11. Total time (years) spent in this occupation Life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ballatin, Mo.13. NAME Archibald Youtsey14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio15. MAIDEN NAME Mary George16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Turpin Youtsey
Ballatin, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Ballatin, Mo. DATE Aug. 30 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) HOPE FURN & UND. CO.
Ballatin, Mo.20. FILED Aug 28, 1938 H. J. Kestelust
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28 193822. I HEREBY CERTIFY, That I attended deceased from Aug 13 1938 to Aug 28 1938I last saw him alive on Aug 28 1938. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arterio-sclerosis general
Myocardial degeneration
Chronic interstitial nephritis

Date of onset

Other contributory causes of importance:
Arterio-sclerotic gangrene - left lower extremityName of operation None Date ofWhat test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. J. Kestelust M. D.(Address) St. Joseph, Mo.

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,

L. O. Richesson

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

L. O. Richesson

Licensed Embalmer No.

3302

P. O. Address

Gallatin, 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, above space should be left blank.