

DEC 5 1938

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

40122

Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 733
 (b) Township 1 Primary Registration District No. 4438 Registered No.
 (c) City 1820 (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

534 Orpha Ulalia Yontz
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11th, 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47. 4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Charles Yontz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER 15. MAIDEN NAME Anna Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

17. INFORMANT (ADDRESS) Mrs. W.L. Coslet
Hardin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo. DATE Nov. 18th 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mahan and Son
Moberly, Mo.

20. FILED Nov 18 1938 Wm D A Bernhart
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15th 1938

22. I HEREBY CERTIFY That I attended deceased from Nov. 9 1938 to Nov. 15 1938

I last saw him alive on Nov. 13 1938 Death is said to have occurred on the date stated above, at m.

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

Coronary Atherosclerosis
resulting in Myocardial Infarction
Nov. 1938

Date of onset

Other contributory causes of importance: 2 AM

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify

(Signed) W. L. Coslet, M. D.

(Address) Hardin, Mo.

RECEIVED
INDEX CASE
DATE 11/15/53
DISTRICT

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.....

....., Registered Apprentice No.....

Working under my personal supervision.

Signed Frank B. Witt

Licensed Embalmer No. 3821

P. O. Address Moberly, 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.