

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

8484  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Vernon Registration District No. 875  
 (b) Township Washington Primary Registration District No. 6162 Registered No. 42  
 (c) City Newada (d) Street No. St Hosp # 3 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**

(a) Residence, No. 230 Bettie West St. \_\_\_\_\_  
Morgan Co. 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 10 - 1879</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>8</u>
	DAYS <u>9</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>none</u>	
	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) <u>Morgan Co Mo</u>		
FATHER	13. NAME <u>J W Yost</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Hosp record</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>State Hosp Cemetery DATE Feb 19, 1940</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Ferry Funeral Home Nevada, Mo</u>		
20. FILED <u>2-13 1940</u> <u>Allen D. Hays</u> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19 1940

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1938, to Jan 19, 1940  
 I last saw her alive on Jan 19, 1940. Death is said to have occurred on the date stated above, at 10 P. M.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage and cerebral degeneration  
General arteriosclerosis  
 Date of onset 1/19/40

Other contributory causes of importance:  
General arteriosclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? yes

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) F. L. Martin M. D.  
 (Address) St Hosp # 3

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

RECEIVED  
District Health Officer No. 7,  
District No. 3-40-3052  
Date Filed 3-14-40

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 Personally  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Lloyd R. Winslett  
Licensed Embalmer No. 3857  
P. O. Address Wada, 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.