

FILED SEP 25 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29357**

Registration District No. **676**

Primary Registration District No. **5700**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Phelps**
 (b) City or town **Newburg Mo**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) **2**
 (d) Length of stay: In hospital or institution **0**
 In this community **40 yrs**
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State **mo** (b) County **Phelps**
 (c) City or town **Rural**
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **JAMES OSCAR YELTON**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **m** 5. Color or race **w** 6. (a) Single, widowed, married, divorced **married**
 6. (b) Name of husband or wife **Pearl Yelton** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **mar 5 1898**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 4 24 hr. min.

9. Birthplace **Newburg mo**
 (City, town, or county) (State or foreign country)

10. Usual occupation **farming**

11. Industry or business _____

MOTHER FATHER { 12. Name **J. M. Yelton**
 13. Birthplace **mo** (City, town, or county) (State or foreign country)
 14. Maiden name **Laura Arthur**
 15. Birthplace **mo** (City, town, or county) (State or foreign country)

16. (a) Informant **Pearl Yelton**
 (b) Address **Wesley mo**

17. (a) **Burial** (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mill Creek**

18. (a) Signature of funeral director **Lee Johnson**
 (b) Address **Newburg mo**

19. (a) **July 31 - 1940** (b) **Lee Johnson**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **29**
 year **1940** hour **2** minute **30** P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Suicide With shotgun in the right side**
 Due to **at his home**

Due to _____

Other conditions (include pregnancy within 3 months of death) **167**

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Suicide**
 (b) Date of occurrence **7-29-40**
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

962 (Specify type of place) while at work? (c) Means of injury **5**

23. Signature **Orville Lickliter** (M.D. or other) **General**
 Address **St James mo** Date signed **7-29-40**

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

840840

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 _____

Licensed Embalmer No. 3392

P. O. Address Newburg 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.