No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 17 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41507

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 257

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wetzel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry -42
(c) City or town Deepwater Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Shapley C. Yosti
3. (b) If veteran, name war no
(c) Social Security No. none

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia R. Yosti
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Dec (Month) 31 (Day) 1863 (Year)

8. AGE: Years 83 Months 11 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired
11. Industry or business
FATHER
12. Name Joseph Yosti
13. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
MOTHER
14. Maiden name Lizzie Ross
15. Birthplace (City, town, or county) Mo (State or foreign country)
16. (a) Informant Mrs. S. C. Yosti
(b) Address Deepwater
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calhoun Mo
18. (a) Signature of funeral director Tom Hurst
(b) Address Deepwater Mo
19. (a) 12-8-47 (Date received local registrar) (b) R. R. Kenney (Registrar's signature) 100

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 year 1947 hour 9 minute 19 a.m.
21. I hereby certify that I attended the deceased from 11-27-47, 19, to 12-7, 1947 that I last saw him alive on 12-7-47, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Labor Pneumonia Hypostasis	
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 100	
Of autopsy	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(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? (Specify type of place)
While at work? (e) Means of injury 2
23. Signature Gus S. Wetzel (M. D. or other)
Address Clinton Mo Date signed 12-8-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 11-47-1438
Date Filed 12-17-47

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 Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Neosho 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, fact should be so stated above.