. No. 2
-12-45
S-17-39
Ir 47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 25 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17151

Registration District No. 274 | Primary Registration District No. 3052 | Registrar's No. 145

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month 24 days (Specify whether
In this community 48 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia 80
(If outside city or town limits, write "RURAL")
(d) Street No. 215 So. Quincy 6
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 4
If yes, name country 0

3. (a) PRINT FULL NAME Nellie Adams Yost
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female | 5. Color or race White | 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Gustave L. Yost
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 2 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
76	3	10	hr. min.

9. Birthplace Louisville (City, town, or county) Ky. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Spencer Adams
13. Birthplace Lexington (City, town, or county) Kentucky (State or foreign country)
MOTHER
14. Maiden name Patience Epps
15. Birthplace Lexington (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Georgia A. Ferguson
(b) Address Detroit Mich. 8804 Mackinac
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park
18. (a) Signature of funeral director McLaughlin Bros.
(b) Address Sedalia Mo.
19. (a) 5-13-48 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1948 hour 4 P.M. minute — M.
21. I hereby certify that I attended the deceased from April 1st, 1948 to May 12, 1948
that I last saw her alive on May 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	
Due to Hypertension	
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations —
Of autopsy —

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

PHYSICIAN

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)
(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

23. Signature T. C. Stewart M.D. (M. D. or Coroner)
Address Sedalia Mo. Date signed 5/13/48

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 5-24-48

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 K. P. McCleary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. June

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 145

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia

(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)

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town

(If outside city or town limits, write "RURAL")

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Nellie A. Yost

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married divorced Wid

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb 2 (Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country) Ky

10. Usual occupation

11. Industry or business

FATHER 12. Name

13. Birthplace (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 2 year 1948 hour 6 minute M.

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

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

PHYSICIAN

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) accident

(b) Date of occurrence Mar 16-48

(c) Where did injury occur? Sedalia (City or town) Pettis (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home

While at work? at (Specify type of place) (e) Means of injury Fall

23. Signature Ed Snavely (M.D. or other)

Address Sedalia Date signed 3/28/48

SUPPLEMENTARY 2

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

Received
Mar 18-48
[illegible]

[illegible]