

FILED JAN 19 1949

STANDARD CERTIFICATE OF DEATH

State File No. 589

BIRTH NO.		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 62		Registrar's No. 1	
1. PLACE OF DEATH a. COUNTY CEDAR				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CEDAR			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOCKTON		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN STOCKTON			
d. FULL NAME OF HOSPITAL OR INSTITUTION S. SOUTH ST. /				d. STREET ADDRESS (If rural, give location) S. SOUTH ST.			
3. NAME OF DECEASED (Type or Print) a. (First) MARTHA b. (Middle) ELIZABETH c. (Last) YOST		4. DATE OF DEATH (Month) (Day) (Year) JAN. 6, 1949					
5. SEX F.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MAY 8, 1878	9. AGE (In years last birthday) 70	10. IF UNDER 1 YEAR Months 7 Days 28	11. IF UNDER 18 Hrs. Hours	12. IF UNDER 18 Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CEDAR CO., MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME LOUIS MEREDITH		13b. MOTHER'S MAIDEN NAME ELIZABETH TAYLOR		14. NAME OF HUSBAND OR WIFE RILEY B. YOST			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Riley B. Yost, Stockton, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 33!				INTERVAL BETWEEN ONSET AND DEATH 1 day 29 hours	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.e., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 1, 1949, to Jan. 6, 1949, that I last saw the deceased alive on Jan. 6, 1949, and that death occurred at 10:40 P. M., from the causes and on the date stated above.							
23a. SIGNATURE D. D. R.		23b. ADDRESS D. D. R. Stockton Mo.		23c. DATE SIGNED 1-8-49			
24a. BURIAL CREMATION REMOVAL (Specify) BURIAL		24b. DATE JAN. 9, 1949		24c. NAME OF CEMETERY OR CREMATORIUM STOCKTON		24d. LOCATION (City, town, or county) (State) STOCKTON MO.	
DATE REC'D BY LOCAL REG. 1-15-49		REGISTRAR'S SIGNATURE Geneva Harrison		154 25. FUNERAL DIRECTOR'S SIGNATURE John A. Cantlon		ADDRESS Stockton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1627

Date Filed 1-18-49

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 _____

James F. Gentry
working under my personal supervision.

Student Embalmer No. 257

Signed.....
Student Embalmer

Signed

John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, Md

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.