

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1664

State File No.

BIRTH NO. 49-002692 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. LENGTH OF STAY (in this place) <u>16 Hrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		d. STREET ADDRESS (If rural, give location) <u>407 N. Maguire St.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR <u>Warrensburg Hospital & Clinic Inc.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Philip</u> b. (Middle) <u>Alan</u> c. (Last) <u>Yates</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 21 1949</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Jan. 20 1949</u>
9. AGE (In years last birthday) <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Warrensburg</u>
11. BIRTHPLACE (State or foreign country) <u>Warrensburg</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Eugene Yates Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Jane Coleman</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eugene Yates Jr.</u> ADDRESS <u>Warrensburg Mo</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> ANTECEDENT CAUSES DUE TO (b) <u>Respiratory Arrestation 2nd</u> DUE TO (c) <u>mother fell on ice.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20d. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-20</u> , 19 <u>49</u> , to <u>1-21-1949</u> that I last saw the deceased alive on <u>1-20-49</u> , and that death occurred at <u>12.20 A.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Warrensburg Mo</u>	
23c. DATE SIGNED <u>1-22-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-21-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 22 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Sweeney Phillips Warrensburg Mo.</u>	

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed.....

W. Jacob Phillips

Signed.....

Student Embalmer

Licensed Embalmer No. *4566*

P. O. Address *Warrensburg?*

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.