

FILED APR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8760

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 154 | | PRIMARY REG. DIST. NO. 5575 | | Registrar's No. 10 | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hickman mill | | c. LENGTH OF STAY (in this place) 5 year | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hickman mill MO | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 6314 Kingslee Road | | | | d. STREET ADDRESS (If rural, give location) 6314 Kingslee Road | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Aleta M. Yee | | b. (Middle) Yee | | c. (Last) Yee | | 4. DATE OF DEATH (Month) (Day) (Year) 3-28-49 | |
| 5. SEX F | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH nov-24-1901 | |
| 9. AGE (In years last birthday) 47 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) Butler, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY | | 13a. FATHER'S NAME William N. Walters | | 13b. MOTHER'S MAIDEN NAME Daisy Warren | | 14. NAME OF HUSBAND OR WIFE Myrtle | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 495-07-6537 | | 17. INFORMANT'S SIGNATURE OR NAME Myrtle Yee | | ADDRESS 6314 Kingslee Rd. | |
| 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) Chronic myoclonitis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. + 522 | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., 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 12-1-1948, to 3-25-1949, that I last saw the deceased alive on 3-25-1949, and that death occurred at 5:30 a.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Dr. Raymond K. D. | | (Degree or title) | | 23b. ADDRESS 3932 Mary | | 23c. DATE SIGNED 3/28/49 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) buried | | 24b. DATE 3-30-49 | | 24c. NAME OF CEMETERY OR CREMATORY Glenlawn | | 24d. LOCATION (City, town, or county) (State) K.C. MO | |
| DATE REC'D BY LOCAL REG. 3/28/49 | | REGISTRAR'S SIGNATURE Dr. Anne E. Hedges | | 25. FUNERAL DIRECTOR'S SIGNATURE F. S. Walters | | ADDRESS K.C. MO | |

(Licensed Embalmer's Statement on Reverse Side)

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

1 APR 7 1949

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.

Student
Student Embalmer

Signed

J. S. Walton

Licensed Embalmer No.

2744

P. O. Address

H. C. 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.