

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9393

State File No. ....

4312 Registrar's No. 82

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Nodaway</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Burlington Junction</b>		c. LENGTH OF STAY (in this place) <b>30 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Burlington Junction</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>residence</b>				d. STREET ADDRESS (If rural, give location) <b>None</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Nora</b>		b. (Middle) <b>L</b>		c. (Last) <b>Yates</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mch 22 1949</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Jan. 5, 1882</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months   Days   Hours   Min. <b>1   2   17</b>	IF UNDER 4 HRS. Hours   Min. <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Springfield, Illinois</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>Thomas A Lynn</b>			13b. MOTHER'S MAIDEN NAME <b>Lucy E. Plunkett</b>		14. NAME OF HUSBAND OR WIFE <b>Fayette Francis Yates</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Leo Yates Burlington Jct Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary atherosclerosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary sclerosis</b> DUE TO (c) <b>Osteoarthritis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Myelitis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4/201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 <b>Feb 25, 1949, to Mar. 21, 1949</b> , that I last saw the deceased alive on <b>Mar. 21, 1949</b> , and that death occurred at <b>8:10 p.m.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>D. H. Glauz M.D.</b>				23b. ADDRESS <b>Burlington Jct, Mo.</b>		23c. DATE SIGNED <b>3/24/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/24/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ohio</b>		24d. LOCATION (City, town, or county) (State) <b>Burlington Jct Missouri</b>	
DATE REC'D BY LOCAL REG. <b>3-30-49</b>		REGISTRAR'S SIGNATURE <b>Bess Hart</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>J. W. Hart Burlington Jct Mo</b>			

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

APR 22 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 \_\_\_\_\_

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Licensed Embalmer No. 2965

P. O. Address Burl. Jct. 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.