

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19055

BIRTH NO. _____		REG. DIST. NO. 98		PRIMARY REG. DIST. NO. 4165		Registrar's No. 61	
1. PLACE OF DEATH a. COUNTY Daviess				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Daviess			
b. CITY (If outside corporate limits, write RURAL and give town) Gallatin		c. LENGTH OF STAY (In this place) 7 Years		c. CITY (If outside corporate limits, write RURAL and give township) Gallatin			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Capitola			b. (Middle) A.		c. (Last) Yates		4. DATE OF DEATH (Month) (Day) (Year) June 13 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 3 1859	9. AGE (In years last birthday) 89	10. MONTHS 7	11. DAYS 10
10a. 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) Daviess County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James T. Allen			13b. MOTHER'S MAIDEN NAME Harriett Wynne		14. NAME OF HUSBAND OR WIFE Robert G. Yates		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Olivia Harrison, Gallatin, 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) Hypostatic pneumonia					INTERVAL BETWEEN ONSET AND DEATH 3 days
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Spontaneous pneumo-		DUE TO (c) Thromb, left cause		3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Unknown					520X
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 (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 May 7, 1949 to June 13, 1949, that I last saw the deceased alive on June 12, 1949 and that death occurred at 12:55 P.M. from the cause and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward Conroy M.D.				23b. ADDRESS Gallatin, Mo.		23c. DATE SIGNED 15 June 49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-15-1949		24c. NAME OF CEMETERY OR CREMATORY Brown Cemetery		24d. LOCATION (City, town, or county) (State) Gallatin, Mo.	
DATE REC'D BY LOCAL REG. 19 June 1949		REGISTRAR'S SIGNATURE Terquena M. Englehart			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hope Funeral Home, Gallatin, Mo. L.O. Richardson		

(Licensed Embalmer's Statement on Reverse Side)

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

31  
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**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 \_\_\_\_\_

*L. O. Richerson*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *3307*

P. O. Address *Gallatin, 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.