

FILED AUG 13 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25758

Registrar's No. 46

BIRTH NO. 46778-49 REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469

1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. GENEVIEVE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. GENEVIEVE</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>185 N. MAIN ST.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAROLINE</u> b. (Middle) <u>SUE</u> c. (Last) <u>YATES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 30 1949</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JUNE 9 1949</u>
9. AGE (In years last birthday) <u>1</u> 10. MONTHS <u>1</u> 11. DAYS <u>21</u>		9. AGE (In years last birthday) <u>1</u> 10. MONTHS <u>1</u> 11. DAYS <u>21</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>ST. GENEVIEVE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>WALTER YATES</u>		13b. MOTHER'S MAIDEN NAME <u>PERMELIA MILLER</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Walter Yates St. Genevieve Mo</u> ADDRESS	
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>Spinal meningitis (type?)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Spina Bifida</u> DUE TO (c) <u>X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7/25/49</u> <u>6/9/49</u> <u>3403</u>	
19a. DATE OF OPERATION <u>X</u>		19b. MAJOR FINDINGS OF OPERATION <u>X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>X</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>X</u>			
22. I hereby certify that I attended the deceased from <u>June 9, 1949</u> , to <u>July 30, 1949</u> , that I last saw the deceased alive on <u>July 30, 1949</u> and that death occurred at <u>5:45 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Rob. Lanning M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Genevieve Mo</u>	
23c. DATE SIGNED <u>7/31/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG 1 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE MO</u>	
DATE REC'D BY LOCAL REG. <u>Aug 10, 1949</u>		REGISTRAR'S SIGNATURE <u>L. D. Karl</u>	
FUNDAL DIRECTOR'S SIGNATURE <u>M. R. Lee</u>		ADDRESS <u>Lee C. Barber St. Genevieve Mo</u>	

RECEIVED 8-12-49

Health Officer No. 4

File Number 849-1070

Date Filed

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. 311

working under my personal supervision.

Student *Adrian J. Eller*
Student Embalmer

Signed *Geo. C. Parker*

Licensed Embalmer No. 1985

P. O. Address *St. Ann's*

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.