

FILED MAY 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13893

BIRTH NO. _____ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 5816 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland Twp. 42nd</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural 0710 Richland</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles N of Florence</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			d. STREET ADDRESS (If rural, give location) <u>5 miles N of Florence</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>NELLIE</u> b. (Middle) <u>S.</u> c. (Last) <u>YOST</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 15-1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug 23-1888</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>22</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ch. Kitchen Helper</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (State or foreign country) <u>Pettis County MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Virgil Spangler</u>		13b. MOTHER'S MAIDEN NAME <u>Do not know</u>		14. NAME OF HUSBAND OR WIFE <u>Fred Yost</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Yost</u> ADDRESS <u>Florence MO</u>		
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, asthenia, etc.: It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonitis, acute</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Vasculature Prognosis?</u> DUE TO (c) <u>Atherosclerosis, generalized</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Myocardial Infarction (1 week)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
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) (Min.)		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 <u>July 1947</u> , to <u>April 14, 1950</u> , that I last saw the deceased alive on <u>14 April, 1950</u> , and that death occurred at <u>10:20</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>D. J. Seigel M.D.</u>			23b. ADDRESS <u>Smithton MO</u>		23c. DATE SIGNED <u>15 April 50</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr 17-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Florence cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Florence MO</u>		
DATE REC'D BY LOCAL REG. <u>May 2 1950</u>	REGISTRAR'S SIGNATURE <u>John Ripberger</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. F. McNeely</u>	ADDRESS <u>Smithton MO</u>	

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

MAY 26 1950

RECEIVED 5-8-50

District Health Officer No. 7,

District File Number 4-50-420

Date Filed 5-8-50

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

A. F. Nemeyer

Licensed Embalmer No. 3912

P. O. Address

Smithton 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.