

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1950

State File No. 15629

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. L193 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Taney</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>		
b. CITY (If outside corporate limits) write RURAL and give township) OR TOWN <u>Kentzville MO 22nd</u>		c. LENGTH OF STAY (in this place) <u>no</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kentzville MO 10</u>		d. STREET ADDRESS (Rural, give location) <u>Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kentzville Rural</u>			d. STREET ADDRESS		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Delmer</u> b. (Middle) <u>Don</u> c. (Last) <u>Yandell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-19-50</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 24-1928</u>	9. AGE (In years last birthday) <u>22</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>working on Highway</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>same</u>		11. BIRTHPLACE (State or foreign country) <u>Protem MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
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13a. FATHER'S NAME <u>Delmer Yandell</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Yandell</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War 2</u>		16. SOCIAL SECURITY NO. <u>544-24-2027</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eva Yandell</u> ADDRESS <u>Kentzville MO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Electrocuted</u>					
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Repair Lines on R.C.A. Co</u>					
		DUE TO (c) <u>Was Replacing pole white wire</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Was Replacing pole white wire</u>					

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? <u>no</u>	
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21a. ACCIDENT (Specify) <u>Electrocuted</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>R.P.A. Co</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Milledale Taney MO</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 19 50 1:50 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>in contact with live wire while sitting pole</u>	
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22. I hereby certify that I attended the deceased from April 19, 1950, to 4-19, 1950, that I last saw the deceased March 4 19 1950, and that death occurred at 1:50 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harry Harryt, 3rd Coroner</u>		23b. ADDRESS <u>Branson MO</u>		23c. DATE SIGNED <u>4-19-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>4-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Snapp Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>	
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DATE REC'D BY LOCAL REG. <u>Apr 24-1950</u>		REGISTRAR'S SIGNATURE <u>S.E. Cogswell 376</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Michael Funeral Home</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

MAY 1 8 1950

RECEIVED MAY 1 1950

District Health Office No. 6,

District File Number 55-0-516

Date Filed 5-1-50

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 Minnie L. Wheelchel

Licensed Embalmer No 2277

P. O. Address Branson 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.