

FILED DEC 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41885

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 2199

| | | | |
|--|---|--|-------------|
| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Charles</u> | c. LENGTH OF STAY (in this place) <u>3 weeks</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Warrenton</u> | <u>1090</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>1</u> | |

| | | | | | |
|---|----------------------------------|--|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>LEONA</u> b. (Middle) <u>Iva</u> c. (Last) <u>YATES</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 18 1950</u> | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>July 28, 1895</u> | 9. AGE (In years last birthday) Months Days <u>55</u> <u>4</u> <u>20</u> | IF UNDER 14 HRS. Hours Min. <u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u> | 11. BIRTHPLACE (State or foreign country) <u>Salisbury, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|--|--|---|--|--|
| 13a. FATHER'S NAME <u>William Cox</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Davidson</u> | 14. NAME OF HUSBAND OR WIFE <u>John W. Yates</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 ADDRESS <u>Mrs. J. D. Estill, Warrenton, Mo.</u> | | |

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|---|--|--|--|--|
| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ovary, bilateral</u> <u>Carcinomatosis secondary to above</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH <u>9 months</u> <u>2 months</u> |
| | II. OTHER SIGNIFICANT CONDITIONS <u>Intestinal obstruction mechanical</u> <u>Uremia</u> | | | <u>174x</u> <u>2 weeks</u> <u>1 week</u> |

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|--|--|---|--|---|
| 19a. DATE OF OPERATION <u>8-24-50</u> <u>12-9-50</u> | 19b. MAJOR FINDINGS OF OPERATION <u>1. Carcinoma of ovary. 2. Carcinomatosis, intestinal obst.</u> | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 Aug 22, 1950, to December 18, 1950, that I last saw the deceased alive on DEC 18, 1950, and that death occurred at 9:15A m., from the causes and on the date stated above.

| | | | |
|--|---------------------------------|--|---|
| 23a. SIGNATURE (Degree or title) <u>Russell Linder M.D.</u> | | 23b. ADDRESS <u>St. Charles Hotel Bldg. St. Charles, Missouri</u> | 23c. DATE SIGNED <u>12-18-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec 20-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Valley</u> | 24d. LOCATION (City, town, or county) (State) <u>Salisbury, Missouri</u> |

| | | |
|---|---|--|
| DATE REC'D BY LOCAL REG. <u>Dec 18, 1950</u> | REGISTRAR'S SIGNATURE <u>Francie Haulton</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Nieburg & Co, Warrenton, Mo.</u> |
|---|---|--|

(Licensed Embalmer's Statement on Reverse Side)

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

23
6

FILE NO. _____
DISTRICT HEALTH OFFICE NO. 4

DEC 22 1950

RECEIVED

JAN 3 1951

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

John J. Lieburg

Licensed Embalmer No.

3897

P. O. Address

Warrenton, OR

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.