

FILED JAN 30 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43514

5235 State File No.

BIRTH NO.		REG. DIST. NO. 6		PRIMARY REG. DIST. NO. 4106		Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY Cedar				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Benton Township		c. LENGTH OF STAY (in this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Benton Township		d. STREET ADDRESS (If rural, give location) Monterello, Mo, R#1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monterello, Mo R#1							
3. NAME OF DECEASED (Type or Print) George		a. (First) W. Yilpin		c. (Last) Yilpin		4. DATE OF DEATH (Month) (Day) (Year) May 24, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 25, 1874	
9. AGE (In years last birthday) 75		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Samuel Yilpin		13b. MOTHER'S MAIDEN NAME Amy Shaw		14. NAME OF HUSBAND OR WIFE Ore Yilpin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. George Yilpin, Jerico, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 79.55			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11 A. M., from the causes and on the date stated above.							
23a. SIGNATURE M. D. Guinn, Coronar?				23b. ADDRESS Dorado Springs, Mo		23c. DATE SIGNED 3-24-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 27, 1950		24c. NAME OF CEMETERY OR CREMATORY Clintonville		24d. LOCATION (City, town, or county) (State) Cedar Co., Missouri	
DATE REC'D BY LOCAL REG. 3-30-50		REGISTRAR'S SIGNATURE Mrs. Velma Ellis Guinn		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Mrs. E. Dorado Springs, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JAN 29 1951

Dist. File 151-249

Date Filed 1-29-51

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

James E. Kachlerman

Licensed Embalmer No. 4573

P. O. Address *Edwards Springs*

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.