

FILED FEB 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

133

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>31</u>		PRIMARY REG. DIST. NO. <u>4039</u>		Registrar's No. <u>9</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived, 1 institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln</u>		c. LENGTH OF STAY (in this place) <u>Wife</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln</u> <u>0040</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				d. STREET ADDRESS (If rural, give location) <u>None</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>NEVILLE</u> c. (Last) <u>YANCEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 30 1951</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>April 3, 1880</u>		9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>27</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>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Producers Exch</u>		11. BIRTHPLACE (State or foreign country) <u>U</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Charles Yancey</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie J. Chastain</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Ethel Yancey</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes</u> <u>World War I</u>		16. SOCIAL SECURITY NO. <u>486-07-0202A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sarah Ethel Yancey</u> <u>Lincoln Mo</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>This man had been under physician care for several months for this illness</u> 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 <u>42:00</u>
19a. DATE OF OPERATION <u>7</u>		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) _____		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>noon</u> , 19 <u>51</u> , to <u>noon</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>noon</u> , 19 <u>51</u> , and that death occurred at <u>11:15 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. W. Inoué, D.D., Coroner</u>					23b. ADDRESS <u>461 Camp Ave</u>		23c. DATE SIGNED <u>1-30-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Feb 1, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln Benton, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Jan 31st 1951</u>		REGISTRAR'S SIGNATURE <u>E. G. Eichdoff</u> <u>394</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>John F. Riser</u> <u>Lincoln Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-6-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-6-51

FEB 19 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 F. Reser
Licensed Embalmer No. 4098

P. O. Address Warsaw

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.