

5. No. 300  
v. 10. 48

FILED MAR 28 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9430

730  
1

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEST BENTON TWP.</u>		d. STREET ADDRESS (If rural, give location) <u>WEST BENTON TWP.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALBERT</u> b. (Middle) <u>C.</u> c. (Last) <u>YAWTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 11. 1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 7. 1869</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>81</u> <u>9</u> <u>4</u>		11. BIRTHPLACE (State or foreign country) <u>Palmyra, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Yawter</u>	
13b. MOTHER'S MAIDEN NAME <u>Nancy Smith</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>TED YAWTER</u>		ADDRESS <u>DENVER COLO.</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, asthma, 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 Stomach with Metastases and Uremic Coma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Pneumia (Hypostatic)</u>		7 Days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Substituted nephrosis, Asthma and Hypertension</u>		Unknown	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		151X	
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>Feb 7<sup>th</sup></u> , 19 <u>51</u> , to <u>March 10<sup>th</sup></u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 10<sup>th</sup></u> , 19 <u>51</u> , and that death occurred at <u>1:52</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Melvin C. Bowman M.D.</u> (Degree or title)		23b. ADDRESS <u>Neosho, Mo</u>	
23c. DATE SIGNED <u>March 17, 51</u>		23d. _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-14-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>NEOSHO LODGE</u>		24d. LOCATION (City, town, or county) (State) <u>NEOSHO MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>March 17, 1951</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> 223	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Warley Thompson</u>		ADDRESS <u>Neosho Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton Co. Health Dept.  
District File Number 351-74  
Date Filed 3/23/51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed R. Kenneth Patterson

Signed.....  
Student Embalmer

Licensed Embalmer No. 4697

P. O. Address Neeshy, 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.