

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11209

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 3071 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give township) Slater		c. CITY (If outside corporate limits, write RURAL and give township) Slater 0171	
c. LENGTH OF STAY (In this place) 4 1/2 yrs		d. STREET ADDRESS (If rural, give location) 530 Rich	
d. FULL NAME OF HOSPITAL OR INSTITUTION none			

3. NAME OF DECEASED (Type or Print)	a. (First) Melvina	b. (Middle) Brott	c. (Last) Yates	4. DATE OF DEATH (Month) (Day) (Year) March 19 1951
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5. SEX female/	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH May, 23, 1874	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 9	IF UNDER 1 YEAR Days 28	IF UNDER 1 MIN. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Clarksville, Ill. /		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Carlos Brott	13b. MOTHER'S MAIDEN NAME Mary E. Dunn	14. NAME OF HUSBAND OR WIFE Wm. Yates
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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) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Wm. Yates, ADDRESS Slater, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		15 yr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) failure DUE TO (c) Toxic Thyroid		3 days 20 yr
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2520	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Oct 1936, to Mar 19, 1951, that I last saw the deceased alive on Mar 19, 1951, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE O. A. McJurney M.D. (Degree or title)	23b. ADDRESS Slater, Mo.	23c. DATE SIGNED 3/20/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial ( )	24b. DATE 3/21/51	24c. NAME OF CEMETERY OR CREMATORY Rose Hill	24d. LOCATION (City, town, or county) (State) Brookfield Mo.
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DATE REC'D BY LOCAL REG. 3/21/51	REGISTRAR'S SIGNATURE Mrs. Earl C. Nelz	25. FUNERAL DIRECTOR'S SIGNATURE Hill Brothers	ADDRESS Slater Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

0971

RECEIVED 3-24-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 3-24-51

JUN 4 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 Sam M. Hill

Licensed Embalmer No. 1292

P. O. Address State Md

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.