

FILED MAY 2 1951

## STANDARD CERTIFICATE OF DEATH

State File No. ....

13508

BIRTH NO. ....		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>145</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		<u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>306 North Quincy</u>				d. STREET ADDRESS (If rural, give location) <u>306 North Quincy</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>HATTIE</u>		b. (Middle) <u>JANE</u>		c. (Last) <u>YESSEN</u>	
4. DATE OF DEATH		(Month) <u>April</u>		(Day) <u>23</u>		(Year) <u>1951</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>Feb. 6, 1893</u>	
9. AGE (In years last birthday) <u>58</u>		# UNDER 1 YEAR Months <u>  </u> Days <u>  </u>		# UNDER 1 YEAR Hours <u>  </u> Min. <u>  </u>		# UNDER 1 YEAR Hours <u>  </u> Min. <u>  </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>Moniteau County, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Thomas J. Williams</u>			
13b. MOTHER'S MAIDEN NAME <u>Mary Frances Kelsay</u>				14. NAME OF HUSBAND OR WIFE <u>Clem F. Yessen</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clem F. Yessen</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			
INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>				DUE TO (b) <u>Arteriosclerotic Heart Disease</u>			
DUE TO (c) <u>  </u>				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>4/200</u>				19b. MAJOR FINDINGS OF OPERATION <u>  </u>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>  </u>			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>  </u>				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>  </u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>  </u>				21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR? <u>  </u>				22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>50</u> , to <u>April 23</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 23</u> , 19 <u>51</u> , and that death occurred at <u>2:28</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. Eduardo Padilla</u>				23b. ADDRESS <u>Sedalia Mo.</u>			
23c. DATE SIGNED <u>April 23, 1951</u>				24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>			
24b. DATE <u>4-19-1951</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>				DATE REC'D BY LOCAL REG. <u>4-19-1951</u>			
REGISTRAR'S SIGNATURE <u>  </u>				FUNDAL DIRECTOR'S SIGNATURE <u>  </u>			
ADDRESS <u>Sedalia, Mo.</u>				ADDRESS <u>  </u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-1-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-1-51

NOV 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

*P. E. Baker*

Licensed Embalmer No. 2419

P. O. Address Sedalia 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.