

FILED MAY 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16389

| | | | | | | | |
|--|--|---|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>144</u> | | PRIMARY REG. DIST. NO. <u>4234</u> | | Registrar's No. <u>25</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u> | | | |
| c. LENGTH OF STAY (In this place) <u>life</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>YATES</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 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>Oct. 25 1891</u> | |
| 9. AGE (In years last birthday) <u>59</u> | | 10. KIND OF BUSINESS OR INDUSTRY <u>laborer</u> | | 11. BIRTHPLACE (State or foreign country) <u>Ironton Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Samuel Yates</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nancy Cauley</u> | | 14. NAME OF HUSBAND OR WIFE <u>Olga Yates</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> | | 16. SOCIAL SECURITY NO. <u>489-18-5866</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Olga Yates, Ironton Missouri</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, exsanguis, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>terminal bronchial pneumonia</u> ANTECEDENT CAUSES <u>acute bronchitis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Polycythemia (primary)</u> DUE TO (c) <u>atrophy of valves</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arthritis, neuritis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 wk -</u> <u>2 mo.</u> <u>?</u> | |
| 18a. DATE OF OPERATION _____ | | 18b. MAJOR FINDINGS OF OPERATION _____ | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (i.e., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____ | | 20. AUTOPSY? <u>294X</u> | |
| 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>3-19</u> ¹⁹⁵¹ to <u>4-30</u> , 1951, that I last saw the deceased alive on <u>4-29</u> , 1951, and that death occurred at <u>11:30 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. E. Harland, M.D.</u> | | | | 23b. ADDRESS _____ | | 23c. DATE SIGNED _____ | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>5-2-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Arcadia Valley Memorial Park Ironton Mo.</u> | | 24d. LOCATION (City, town, or county) (State) _____ | |
| DATE REC'D BY LOCAL REG. <u>May 14 1951</u> | | REGISTRAR'S SIGNATURE <u>Max Carls</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> | | ADDRESS <u>Ironton Mo.</u> | |

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

RECEIVED

MAY 21 1951

DISTRICT HEALTH OFFICE No. G

No.

JUN 7 - 1951

MAY 23 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 *Russell White*

Licensed Embalmer No. *3012*

P. O. Address *Dutton N.H.*

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.