

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19110

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 108

0972

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Slater</u> <u>0971</u>	
c. LENGTH OF STAY (In this place) <u>8 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>112 E. Lincoln</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Putnam Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Nettie</u>	b. (Middle) <u>Ellen</u>	c. (Last) <u>Yates</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>19</u> <u>'51</u>
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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>Sept 13-1899</u>	9. AGE (In years last birthday) Months Days <u>51</u> <u>8</u> <u>6</u>	IF UNDER 1 YEAR Hours Min. <u>6</u>	IF UNDER 24 HRS. Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>	11. BIRTHPLACE (State or foreign country) <u>Hallsville, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S</u>
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13a. FATHER'S NAME <u>Merideth Reams</u>	13b. MOTHER'S MAIDEN NAME <u>Luninda Reynolds</u>	14. NAME OF HUSBAND OR WIFE <u>David C. Yates, Jr.</u>
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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) <u>no</u> <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>David C. Yates, Jr. Slater-Mo.</u>
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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 <u>10 hrs.</u>
	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>None</u> DUE TO (c) <u>None</u>		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>no</u>	19b. MAJOR FINDINGS OF OPERATION <u>X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>X</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>no</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no</u>
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22. I hereby certify that I attended the deceased from 5-19-1951, 1951, to 5-19-1951, 1951, that I last saw the deceased alive on 5-19-1951, 1951, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A. Putnam M.D.</u>	23b. ADDRESS <u>Marshall Mo.</u>	23c. DATE SIGNED <u>5-22-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 22-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Hallsville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>May 22-1951</u>	REGISTRAR'S SIGNATURE <u>Sidney J. Gray</u> <u>385</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hill Brothers, Slater Mo.</u>
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RECEIVED 5-28-51

DISTRICT HEALTH OFFICE No. 3

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

Date Filed 5-28-51

MAY 29 1951

VS MAY 3 1960

VS SEP 22 1960

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

*A C Hill*

Licensed Embalmer No. *3090*

P. O. Address *Staten, 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.