

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23547**  
Registrar's No. **525**

FILED AUG 14 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **5634**

0530

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

1. PLACE OF DEATH a. COUNTY <b>Laclede</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Laclede</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Spring Hollow T.S.</b>		c. LENGTH OF STAY (in this place) <b>18 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lebanon Pt. 2</b>		d. STREET ADDRESS (If rural, give location) <b>Lebanon Rt. 2</b>	
3. NAME OF DECEASED (Type or Print) <b>LOUIA</b>		a. (First) <b>Yanland</b>	b. (Middle)
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 30 1951</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Sept. 18 1892</b>
9. AGE (In years last birthday) <b>68</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret Home</b>	11. BIRTHPLACE (State or foreign country) <b>Burnet Texas</b>
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Geo W Grove</b>		13b. MOTHER'S MAIDEN NAME <b>Georgie Parker Milton Garland</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Milton Garland Lebanon Mo</b>	
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) <b>Hypertensive Heart Disease</b> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Obesity, Semi Invalid</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>443X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min)		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 <b>July 10, 1951</b> , to <b>July 17, 1951</b> , that I last saw the deceased alive on <b>July 10, 1951</b> , and that death occurred at <b>7 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. Summers M.D.</b>		23b. ADDRESS <b>Lebanon Mo</b>	
23c. DATE SIGNED <b>8-2-51</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>8/4/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bechler Cemet</b>	
24d. LOCATION (City, town, or county) (State) <b>Laclede Co. Mo.</b>		DATE REC'D BY LOCAL REG. <b>8-5-1951</b>	
REGISTRAR'S SIGNATURE <b>Allella</b>		424 5. FUNERAL DIRECTOR'S SIGNATURE <b>Palmer</b> ADDRESS <b>Lebanon Mo.</b>	

Received ..... AUG 11 1951  
Laclede County Health Unit  
File No. .... 8-51-114  
Date Filed ..... AUG 13 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 Stanley B. Palmer

Signed.....  
Student Embalmer

Licensed Embalmer No. 4810

P. O. Address. Lebanon, 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.