

FILED JUL 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

23990

Registrar's No. 232

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 5933		232	
1. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (In this place) 20 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia		0820	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 3				d. STREET ADDRESS (If rural, give location) Route # 3			
3. NAME OF DECEASED (Type or Print)		a. (First) MARY		b. (Middle) IRENE		c. (Last) YEATER	
5. SEX Fe		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 25, 1912	
9. AGE (In years last birthday) 38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY ownhome		11. BIRTHPLACE (State or foreign country) Knox County, Missouri	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Dave Songer		13b. MOTHER'S MAIDEN NAME Carrie Little		14. NAME OF HUSBAND OR WIFE Guy T. Yeater	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Guy T. Yeater, R.3, Sedalia, Mo			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma to liver ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Much Cell Carcinoma of Breast DUE TO (c) - II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -			
19a. DATE OF OPERATION May 5				19b. MAJOR FINDINGS OF OPERATION Metastatic Carcinoma of Liver		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) 170 X			
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 1948 , to July 16, 1951 , that I last saw the deceased alive on July 16, 1951 , and that death occurred at 8:30 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE David R. Edwards M.D.				23b. ADDRESS Sedalia Mo.		23c. DATE SIGNED 7-17-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 18 July 1951		24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Sedalia, Mo	
DATE REC'D BY LOCAL REG. 7-20, 1951		REGISTRAR'S SIGNATURE Chas. H. Campbell M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Boone Hall Embury		ADDRESS Sedalia, Mo	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-23-51 _____

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 _____

Licensed Embalmer No. 3470

P. O. Address Selah, Me

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.