

S. No. 300
V. 10.48

FILED AUG 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24214

State File No. _____

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4466 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BISMARCK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BISMARCK</u> <u>0940</u>	
c. LENGTH OF STAY (If 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>LINDA</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>Yates</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 3, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	
8. DATE OF BIRTH <u>Nov. 3, 1949</u>		9. AGE (In years last birthday) <u>1</u> <u>9</u> <u>0</u>		10. UNDER 1 YEAR <u>0</u> <u>0</u> <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>BLACKWELL, MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John C. Yates</u>		13b. MOTHER'S MAIDEN NAME <u>Clesty Stroman</u>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>John C. Yates</u> ADDRESS <u>Bismarck, MO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroner Verdict Skull fracture.</u>		ANTecedent CAUSES <u>relieved by coming in contact with driving pulley operating saw - mill equipment.</u>					
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>89123</u> <u>46</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Knights Mill</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BISMARCK ST. FRANCOIS MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 3 1951 9:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>child was at play when accident occurred.</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bert Miller</u> (Degree or title) <u>3 Coroner</u>		23b. ADDRESS <u>Farmington MO</u>		23c. DATE SIGNED <u>8/3/51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-5-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Upper Indian Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Viburnum MO</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 6, 1951</u>		REGISTRAR'S SIGNATURE <u>284 Esther Kudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Shyman Spinks</u> ADDRESS <u>Bismarck, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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File No. _____
DISTRICT HEALTH OFFICE No. 4

AUG 9 1951

RECEIVED

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.

Signed John N. Shyman
Student Embalmer

Signed Everett Sparks
Student Embalmer No. 415

Licensed Embalmer No. 4287

P. O. Address Flat River N

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.