

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 29748
Registrar's No. 25

BIRTH NO. _____		REG. DIST. NO. 62		PRIMARY REG. DIST. NO. 5241	
1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Madison		c. LENGTH OF STAY (If in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) 8 Mi. S. E. of Stockton, Mo			
3. NAME OF DECEASED (Type or Print) DELIA		a. (First) JANE		c. (Last) YOST	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb. 6, 1867		9. AGE (In years last birthday) 84		10. MONTH (Day) (Year) Aug. 28, 1951	
11. BIRTHPLACE (State or foreign country) Barton County Kentucky /		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Ben Bergen		13b. MOTHER'S MAIDEN NAME Barbara Britt		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Ada Wittmer, Fair Play, 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) coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) old age DUE TO (c) bronchitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒	
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Aug 1, 1951, to Aug 28, 1951, that I last saw the deceased alive on Aug 28, 1951 and that death occurred at 2:30 P.M. from the causes and on the date stated above.					
23a. SIGNATURE D. O. Harrison		(Degree or title)		23b. ADDRESS Cedar County, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-1-51		24c. NAME OF CEMETERY OR CREMATORY Lindley Prairie	
24d. LOCATION (City, town, or county) Cedar County, Missouri		(State)			
DATE REC'D BY LOCAL REG. 9-6-51		REGISTRAR'S SIGNATURE Geneva Harrison		FUNERAL DIRECTOR'S SIGNATURE John A. Cannon	
				ADDRESS Stockton, Mo.	

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED SEP 11 1951

Dist. File

Date Filed

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

Richard W. Bandall

Student Embalmer No. 405

working under my personal supervision.

Student

Richard W. Bandall
Student Embalmer

Signed

John A. Cantler

Licensed Embalmer No.

4387

P. O. Address

Stoughton, 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.