

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

36712

State File No.

0240
 1

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

FILED NOV 27 1951

Registrar's No. 121

BIRTH NO.		REG. DIST. NO. 71		PRIMARY REG. DIST. NO. 4138		State File No.			
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN Missouri City			c. LENGTH OF STAY (In this place) Life			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Missouri City			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri City				d. STREET ADDRESS (If rural, give location) Missouri City					
3. NAME OF DECEASED (Type or Print) a. (First) Arthur			b. (Middle) O.		c. (Last) Yates		4. DATE OF DEATH (Month) (Day) (Year) Nov. 2 1951		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Mar. 6-1882		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 7	IF UNDER 12 HRS. Days 26	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (State or foreign country) Missouri City, Mo.		12. CITIZEN OF WHAT COUNTRY? US.		
13a. FATHER'S NAME Jesse O'Dell Yates			13b. MOTHER'S MAIDEN NAME Annie O'Dell			14. NAME OF HUSBAND OR WIFE None			
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. 494-1402161		17. INFORMANT'S SIGNATURE OR NAME ADDRESS John Yates Missouri City, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial & Valvular Heart Disease ANTECEDENT CAUSES Myocarditis Chronic Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis DUE TO (c) Unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis							INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION No operation 4222							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)		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 Nov. 2, 1951, to Nov. 2, 1951, that I last saw the deceased alive on Nov. 2, 1951, and that death occurred at 9 A. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) G. Baird				23b. ADDRESS Excelsior Springs, Mo.			23c. DATE SIGNED 11/2/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 4-1951	24c. NAME OF CEMETERY OR CREMATORY Missouri City		24d. LOCATION (City, town, or county) (State) Missouri City Mo.				
DATE REC'D BY LOCAL REG. 11/5/51		REGISTRAR'S SIGNATURE Caroline Hutchings			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Church-Cremer Co. Liberty Mo.				



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 John Lombard
.....

Licensed Embalmer No. 4448

P. O. Address Liberty Ave.

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.