

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38128

State File No.

FILED DEC 8 1951

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

BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>368</u>					
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>MONROE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>HANNIBAL</u>			c. LENGTH OF STAY (in this place) <u>10 DAYS</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL MONROE TOWNSHIP</u>			d. STREET ADDRESS (If rural, give location) <u>0690</u> <u>i</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STELIZABETH HOSPITAL</u>				3. NAME OF DECEASED a. (First) <u>MAUDE</u>				b. (Middle) <u>ALICE</u>			
				c. (Last) <u>YATES</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>NOVEMBER 24 1951</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCTOBER 22-1884</u>		9. AGE (In years last birthday) <u>67</u> # UNDER 1 YEAR <u>2</u> Months # UNDER 12 HRS. <u>2</u> Hours			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>		11. BIRTHPLACE (State or foreign country) <u>SHELBY County Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Frank Buckman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Combs</u>			14. NAME OF HUSBAND OR WIFE <u>George G. Yates</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>George G. Yates</u>			ADDRESS <u>Monroe City Mo.</u>				
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Hydronephrosis +</u>			
								DUE TO (c) <u>Infection</u>			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <u>Nov 20-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>as above</u>								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>603 X</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>Nov 7, 1951</u> , to <u>Nov 24, 1951</u> , that I last saw the deceased alive on <u>Nov 24, 1951</u> , and that death occurred at <u>12:09 P.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>W. H. ...</u>					23b. ADDRESS <u>B+L Building</u>			23c. DATE SIGNED <u>Nov 27, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-26-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOLY ROSARY Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Monroe City, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>11/27/51</u>		REGISTRAR'S SIGNATURE <u>W. H. ...</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON & SONS, Monroe City Mo.</u>						

RECEIVED NOV 28 1951

MAHON CO. HEALTH DEPT.

DATE FILED DEC 4 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 me

working under my personal supervision.

Student Embalmer No.

Signed

Paul L. Wilson

Signed.....
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.