

No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **39634**
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. **253** PRIMARY REG. DIST. NO. **5872**

1. PLACE OF DEATH a. COUNTY Oregon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Oregon	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Roulet, Highland Twp.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Roulet 0759	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Nora Belle Yonallman a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) 11-26-52		
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 9-13-1885	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State of foreign country) Roulet, Mo.	
12. CITIZEN OF WHAT COUNTRY USA					

13a. FATHER'S NAME Orasmus Jolley		13b. MOTHER'S MAIDEN NAME Sarah Adams		14. NAME OF HUSBAND OR WIFE F. E. Yonallman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME (ADDRESS) F. E. Yonallman, Roulet, Mo.	

18. CAUSE OF DEATH Enter only one cause for line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Attack		INTERVAL BETWEEN ONSET AND DEATH 1 day
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mitral Valvular Heart Disease		
	DUE TO (c) Decompensation		
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 410X	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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]		23b. ADDRESS 1 Day on		23c. DATE SIGNED 11-3-52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11/29-52	24c. NAME OF CEMETERY OR CREMATORY Jolley	24d. LOCATION (City, town, or county) (State) Roulet Mo	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE 233-1	25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) Robertson's Mortuaries Mo		

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

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

A. S. Roberts

Licensed Embalmer No. *343*

P. O. Address *West Hill*

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.