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FILED MAY 14 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

14644

State File No.

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 195

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

**1. PLACE OF DEATH**
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Independence
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Independence Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberty 6001
d. STREET ADDRESS (If rural, give location) 410 N. Water 1

**3. NAME OF DECEASED** (Type or Print)
a. (First) Cursie
b. (Middle) Ralph
c. (Last) Yates

**4. DATE OF DEATH** (Month) (Day) (Year) May 4, 1953

**5. SEX** male 0
**6. COLOR OR RACE** white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) married 1
**8. DATE OF BIRTH** July 1, 1891
**9. AGE** (In years last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) painter
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (State or foreign country) Missouri City, Missouri 0
**12. CITIZEN OF WHAT COUNTRY?** USA

**13a. FATHER'S NAME** Benedict Yates
**13b. MOTHER'S MAIDEN NAME** Elizabeth Wells
**14. NAME OF HUSBAND OR WIFE** Goldie Gillespie Yates

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) no (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.** 493-12-0390
**17. INFORMANT'S SIGNATURE OR NAME** Mrs. Goldie Yates Liberty, Mo. ADDRESS

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rt. lung — INTERVAL BETWEEN ONSET AND DEATH 4 mos.

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c)

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** 163X
**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* Jan. 15, 1953, *to* May 4, 1953, *that I last saw the deceased alive on* May 3, 1953, *and that death occurred at* 7:00a. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title) S. O. Schroeder, M.D. 0
**23b. ADDRESS** Liberty, Mo.
**23c. DATE SIGNED** May 5, 1953

**24a. BURIAL, CREMATION, REMOVAL** (Specify) burial
**24b. DATE** 5-6-53
**24c. NAME OF CEMETERY OR CREMATORY** Fairview Cemetery
**24d. LOCATION** (City, town, or county) (State) Liberty, Missouri

**DATE REC'D BY LOCAL REG.** 5-6-53
**REGISTRAR'S SIGNATURE** Homer Kraus 0354
**25. FUNERAL DIRECTOR'S SIGNATURE** Tyler-Parley Funeral Home ADDRESS Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## 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 .....

Licensed Embalmer No. 4554

P. O. Address .....

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.