No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED JUN 22 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22685

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6095 Registrar's No. 210

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington Rural Twp.
c. LENGTH OF STAY (In this place): St. Francois
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mineral Area Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Farmington
d. STREET ADDRESS (If rural, give location): 0 7 11 0

3. NAME OF DECEASED (Type or Print): a. (First) Maude b. (Middle) Pearl c. (Last) Yeates
4. DATE OF DEATH (Month) (Day) (Year): June 15 1953
5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April 6 1883
9. AGE (In years last birthday): 70 — If under 1 year: Months 2, Days 9 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): millinery
10b. KIND OF BUSINESS OR INDUSTRY: shopkeeper
11. BIRTHPLACE (State or foreign country): St. Francois County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Louis Ed. Yeates
13b. MOTHER'S MAIDEN NAME: Missouri Allen
14. NAME OF HUSBAND OR WIFE: none
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.: none
17. INFORMANT'S SIGNATURE OR NAME: Lillie (Mrs. T. C. Adams) ADDRESS: Sheridan, Ill.

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) Hypo Static Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Adenocarcinoma - Rectum
DUE TO (c) c metastases

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: 154 X
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, 19 52, *to* June 14, 19 53, *that I last saw the deceased alive on* June 14, 19 53, *and that death occurred at* 4:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. Doolittle (Degree or title) D.O.
23b. ADDRESS: Farmington, Mo
23c. DATE SIGNED: 6-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 17 1953
24c. NAME OF CEMETERY OR CREMATORY: Masonic
24d. LOCATION (City, town, or county) (State): Farmington Mo

DATE REC'D BY LOCAL REG.: June 15, 1953
REGISTRAR'S SIGNATURE: Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE: C. H. Cozean ADDRESS: Farmington, 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 C H Cozzan

Licensed Embalmer No. 4084

P. O. Address Farmington Me.

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.