

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **26048**

FILED AUG 11 1953

BIRTH NO. **134** REG. DIST. NO. **316** PRIMARY REG. DIST. NO. **3059** Registrar's No. **269**

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Madison</b>	
b. CITY OR TOWN <b>Bonne Terre</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fredericktown</b>	
c. LENGTH OF STAY (in this place) <b>6 days</b>		d. STREET ADDRESS <b>211 Caroub St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bonne Terre Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Nellie</b> b. (Middle) <b>Jane</b> c. (Last) <b>Yount</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 28, 1953</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>July 31, 1882</b>		9. AGE (In years last birthday) <b>70</b>		10. IF UNDER 1 YEAR Days <b>11</b> IF UNDER 24 HOURS Min. <b>27</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Marquand, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>S. J. Hale</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Hovis</b>		14. NAME OF HUSBAND OR WIFE <b>Emanuel Yount</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Emanuel Yount</b> ADDRESS <b>Fredericktown, Mo.</b>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac decompensation</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b> DUE TO (c) <b>Generalized Arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH	
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				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 **July 7, 1953** to **July 28, 1953**, that I last saw the deceased alive on **July 28, 1953**, and that death occurred at **2:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>C. E. Carleton Jr. M.D.</b>		23b. ADDRESS <b>Medical Cent. Bldg. 720</b>		23c. DATE SIGNED <b>8-1-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 30, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Fredericktown, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Najim Funeral Home</b> ADDRESS <b>Fredericktown, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Aug. 4, 1953</b>		REGISTRAR'S SIGNATURE <b>Ethel Redloff</b>			

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

AUG 11 1953

**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 Charles M. Hardy

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.