

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

32593

State File No.

FILED OCT 5 1953

BIRTH NO.		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>3052</u>		Registrar's No. <u>294</u>	
1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		<u>0804</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>634 East 15th. St.</u>				d. STREET ADDRESS (If rural, give location) <u>634 East 15th., St.</u>			
3. NAME OF DECEASED (Type or Print) <u>JAMES</u>		a. (First) <u>ROBERT</u>		c. (Last) <u>YATES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Feb. 10, 1884</u>	9. AGE (in years last birthday) <u>69</u>	10. UNDER 1 YEAR Months Days	11. UNDER 1 MTH. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Hickory County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Yates</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Martin</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Yates (deceased)</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 ADDRESS <u>John A. Yates, Pleasant Green. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Stomach</u> ANTECEDENT CAUSES Morbidity 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>				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) 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>July</u> , 19 <u>53</u> , to <u>Sept 24, 1953</u> , that I last saw the deceased alive on <u>Sept 20, 1953</u> , and that death occurred at <u>12:4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. C. Swannery M.D.</u>		23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>Sept 26 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/26/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Lebanon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>New Lebanon, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-26-53</u>		REGISTRAR'S SIGNATURE <u>A. J. Campbell</u>		FUNDAL DIRECTOR'S SIGNATURE <u>M. J. Weckert</u>		ADDRESS <u>Sedalia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED BY THE DIVISION OF HEALTH OF MISSOURI

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

Russell C. Maag

Licensed Embalmer No. *4804*

P. O. Address *Sedalia, 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.