

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

State File No. **36597**

FILED OCT 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **5804** Registrar's No. **44**

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>MONROE</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>MONROE</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PARIS RURAL-Jackson</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Paris - Jackson</b>                                  |  |
| c. LENGTH OF STAY (In this place) <b>5 mo.</b>  |  | d. STREET ADDRESS (If rural, give location) <b>PLESANTVIEW REST HOME</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>PLESANTVIEW REST HOME</b>                                    |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) <b>H.</b> c. (Last) <b>YATES</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>OCTOBER 15 1953</b> |  |  |
|--|--|--|--|--|--|

|                    |                               |  |   |   |                        |                      |                      |                      |
|--------------------|-------------------------------|--|---|---|------------------------|----------------------|----------------------|----------------------|
| 5. SEX <b>MALE</b> | 6. COLOR OR RACE <b>WHITE</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED.</b> | 8. DATE OF BIRTH <b>December 9 1871</b> | 9. AGE (In years last birthday) <b>81</b> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 1 HR. Hours | IF UNDER 1 MIN. Min. |
|--------------------|-------------------------------|--|---|---|------------------------|----------------------|----------------------|----------------------|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER (RET)</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <b>Monroe County Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b> |
|---|-----------------------------------|---|--|

|  |  |                             |
|--|--|-----------------------------|
| 13a. FATHER'S NAME <b>THOMAS YATES</b> | 13b. MOTHER'S MAIDEN NAME <b>Edisie Greening</b> | 14. NAME OF HUSBAND OR WIFE |
|--|--|-----------------------------|

|  |                                      |   |         |
|--|--------------------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None.</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Hubert Garnett Paris mo.</b> | ADDRESS |
|--|--------------------------------------|---|---------|

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Senile Gangrene</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 weeks</b><br><b>2 1/2</b> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Frost</b> |  |  |
|  | DUE TO (c) <b>auto illness</b>   |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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) (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 **July 2, 1953**, to **Oct 15, 1953**, that I last saw the deceased alive on **Oct 15, 1953**, and that death occurred at **5 AM, m.**, from the causes and on the date stated above.

|   |                   |                                       |                                  |
|---|-------------------|---------------------------------------|----------------------------------|
| 23a. SIGNATURE <b>W. M. [Signature]</b> | (Degree or title) | 23b. ADDRESS <b>W. M. [Signature]</b> | 23c. DATE SIGNED <b>10-10-53</b> |
|---|-------------------|---------------------------------------|----------------------------------|

|   |                              |  |   |
|---|------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Oct-17-1953</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>ST ANDREW CEMETERY</b> | 24d. LOCATION (City, town, or county) (State) <b>STOUTSVILLE MISSOURI</b> |
|---|------------------------------|--|---|

|  |  |       |   |                                 |
|--|--|-------|---|---------------------------------|
| DATE REC'D BY LOCAL REG. <b>10-10-53</b> | REGISTRAR'S SIGNATURE <b>J. A. Garnett</b> | 471-0 | 25. FUNERAL DIRECTOR'S SIGNATURE <b>WILSON &amp; SONS</b> | ADDRESS <b>MONROE CITY, Mo.</b> |
|--|--|-------|---|---------------------------------|

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

0.300  
0.48

90  
4

**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 \_\_\_\_\_

*Leslie L Wilson*

Licensed Embalmer No. 3014

P. O. Address Mumme City, 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.