

STANDARD CERTIFICATE OF DEATH

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Lamar		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Lamar Twp.	
c. LENGTH OF STAY (In this place) 20 Minutes		d. STREET ADDRESS (If rural, give location) Route 4	
d. FULL NAME OF HOSPITAL OR INSTITUTION Intersection Hiway 160 & Mo. Pac. Tracks			

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE	b. (Middle) W.	c. (Last) YOWELL	4. DATE OF DEATH (Month) (Day) (Year) February 2, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH July 24, 1873	9. AGE (In years last birthday) 80	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, Ret.	11. BIRTHPLACE (State or foreign country) Campbellsville, Ky.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME James B. Yowell	13b. MOTHER'S MAIDEN NAME Mary Ellen Mullens	14. NAME OF HUSBAND OR WIFE None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fred Finley, Lamar, Mo.

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Choke of Head Injuries</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Stricken</i>
	ANTECEDENT CAUSES DUE TO (b) <i>Train hit Truck knocked over</i>		
	DUE TO (c) <i>Person out</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>M. Yowell struck &amp; paralyzed</i>			<i>E8100 27</i>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, in city, street, office, etc.) <i>No. 16. &amp; Mo. Pac. Tracks</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Lamar Barton MO</i>
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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? <i>Was struck from hit truck</i>
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22. I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased alive on 19, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Clarence R. Chiles</i>	(Degree or title) <i>Coroner</i>	23b. ADDRESS <i>Lamar Mo.</i>	23c. DATE SIGNED <i>2-3-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Feb 4, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Shell City Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Shell City, Missouri</i>
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DATE REC'D BY LOCAL REG. FEB 4 - 1954	REGISTRAR'S SIGNATURE <i>Marie Roberts</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Chiles Funeral Home</i>	ADDRESS <i>Lamar, Missouri</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

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0060  
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FEB 0

**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 *Clarence H. Childs*

Licensed Embalmer No. *3473*

P. O. Address *Ames, 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.