

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5477**

FILED FEB 18 1954

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|---|--|---|---|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>209</u> | | PRIMARY REG. DIST. NO. <u>3043</u> | | Registrar's No. <u>37</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>MARION</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u> | | c. LENGTH OF STAY (in this place) <u>2 DAYS</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City</u> | | d. STREET ADDRESS (If rural, give location) <u>222 EAST DOVER</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSPITAL</u> | | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 27 1954</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>JANET</u> | | b. (Middle) <u>ROSE</u> | | c. (Last) <u>YATES</u> | | | |
| 5. SEX <u>FEMALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | | 8. DATE OF BIRTH <u>MAY 19TH 1952</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>never worked</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>HANNIBAL Marion Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>JOHN L. YATES</u> | | | 13b. MOTHER'S MAIDEN NAME <u>NELLIE ANN SPALDING</u> | | | 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) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. M. Yates</u> | | ADDRESS <u>Monroe City 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of death Unknown</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>44 hours</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral</u> | | | | | |
| | | DUE TO (c) <u>High Fever</u> | | | | | |
| | | 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 <u>7802</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>9:10 AM 1/20/54</u> , to <u>1/27</u> , 1954, that I last saw the deceased alive on <u>1/27</u> , 1954, and that death occurred at <u>10:45 A.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Ramel B. Jordan, M.D.</u> | | | | 23b. ADDRESS <u>Hannibal, Missouri</u> | | 23c. DATE SIGNED <u>Feb. 9, 1954</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-29-1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>HOLY ROSARY CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>Monroe City Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>2-12-53</u> | | REGISTRAR'S SIGNATURE <u>Dr. C. H. ...</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILSON & SONS Monroe City, Missouri</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

17 1968

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED

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 M

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Leslie L. Hibbs

Licensed Embalmer No. 3014

P. O. Address Monroe 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.