No. 300
10.48

FILED APR 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11374

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4057 Registrar's No. 257

120

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Qulin
c. LENGTH OF STAY (in this place): 53 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Qulin
d. STREET ADDRESS (If rural, give location): City

0120

3. NAME OF DECEASED (Type or Print)
a. (First): UNIA
b. (Middle): MAY
c. (Last): YELEY

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 19, 1879
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 9, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: J. Q. Wilson
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Geo. H. Yeley

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.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Geo. H. Yeley, Qulin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 Hrs

ANTECEDENT CAUSES
Morbid 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. ✓

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓ 4201
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* April 10, 1954, *to* April 1, 1954, *that I last saw the deceased alive on* April 10, 1954, *and that death occurred at* 4:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Scott Cook, M.D.
23b. ADDRESS: Qulin, Mo.
23c. DATE SIGNED: 4/12-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 14, 1954
24c. NAME OF CEMETERY OR CREMATORY: Browns Chapel Cemetery
24d. LOCATION (City, town, or county) (State): Broseley, Mo.

DATE REC'D BY LOCAL REG.: 4/17/54
REGISTRAR'S SIGNATURE: R H Minnethee 489-10
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Landess Funeral Home, Campbell, Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 19 1954
BUTLER CO. HEALTH CENTER
FILE No._____

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 Christina M. Landeen

Licensed Embalmer No. 4227

P. O. Address Campbell, M

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.