

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5847

State File No. 12828

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 5857		Registrar's No. 101			
1. PLACE OF DEATH a. COUNTY NODAWAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NODAWAY					
b. CITY OR TOWN NODAWAY TWP RURAL		c. LENGTH OF STAY (in this place) 6047		c. CITY OR TOWN BURKINGTON JCT		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) 0740					
3. NAME OF DECEASED (Type or Print) a. (First) IRMA b. (Middle) EDITH c. (Last) YATES			4. DATE OF DEATH (Month) (Day) (Year) APRIL 9 1954						
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH DEC. 16, 1887			
9. AGE (In years last birthday) 72		10. MONTHS 3		11. DAYS 24		12. IF UNDER 1 YEAR: Hours 24 Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) STARK CO ILL		12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME JAS. A. JONES			13b. MOTHER'S MAIDEN NAME ORETTA GREENWOOD		14. NAME OF HUSBAND OR WIFE RALPH YATES				
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. _____		17. INFORMANT'S SIGNATURE OR NAME RALPH YATES BURKINGTON JCT Mo ADDRESS _____				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage cause undetermined				INTERVAL BETWEEN ONSET AND DEATH 4 mo.	
				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 331X				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 Dec. , 1953, to April 9, 1954 , that I last saw the deceased alive on April 9, 1954 , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE P. S. Byland (Degree or title) M.D.				23b. ADDRESS Marionville Mo		23c. DATE SIGNED 4-16-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 4-12-54		24c. NAME OF CEMETERY OR CREMATORY 01410		24d. LOCATION (City, town, or county) (State) BURL. JCT Mo			
DATE REC'D BY LOCAL REG. 4-17-54		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE J. Rana Burl Jct Mo		ADDRESS _____			

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

MAY 29 1956

MAR 2 1956

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.....
Signature of Student Embalmer

Signed.....

J. H. Ann
Licensed Embalmer No. 29

P. O. Address *Carl St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.