

FILED MAY 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16293

State File No.

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 197

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 6 days		c. CITY OR TOWN Independence	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sanitarium		e. STREET ADDRESS (If rural, give location) 11638 E. 15th St. 70050			
3. NAME OF DECEASED (Type or Print) a. (First) Jimmie b. (Middle) R. c. (Last) Yeates			4. DATE OF DEATH (Month) (Day) (Year) May 18, 1954		
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Oct. 15, 1926		9. AGE (In years last birthday) 27		10. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegraph Operator		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and State or Foreign Country) Metz, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Clyde Yeates		13b. MOTHER'S MAIDEN NAME Irene Baker	
14. NAME OF HUSBAND OR WIFE Rose Yeates,		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW 2 & Korea		16. SOCIAL SECURITY NO. 496 20 2712	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Rose Yeates, Independence, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures Cervical vertebrae & pelvis. Intercranial hemorrhage. DUE TO (a) hemorrhage. Intercranial hemorrhage. DUE TO (c) hemorrhage. DUE TO (c) hemorrhage. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hemorrhage	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-13-54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Car turned over	
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 8:25P ¹⁹ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Hugh A. Owens Coroner		23b. ADDRESS 2134 1/2 S. 1st St. Independence, Mo.		23c. DATE SIGNED 5-20-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/21/54		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Independence, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE G. Holberson		ADDRESS Independence, Mo.	
DATE REC'D BY LOCAL REG. 5-21-54		REGISTRAR'S SIGNATURE James S. Craig		354	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 20 1955

JUN 22 1954

JUN 1 1954

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 *Harold E. Koopman*

Licensed Embalmer No. 460

P. O. Address *Indep. 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.