

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10-48

FILED JAN 24 1955

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>58</u>		
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> <u>L</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. LENGTH OF STAY (in this place) <u>2yrs 9mos 21days</u>		c. CITY OR TOWN <u>Whitesville</u>		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: <u>State Hospital #2</u>				e. STREET ADDRESS (If rural, give location) <u>0020</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHESTER</u> b. (Middle) <u>JEWELL</u> c. (Last) <u>YATES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 15, 1955</u>					
5. SEX <u>male</u> <u>0</u>	6. COLOR (OR RACE) <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Nov 20, 1890</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 WKS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farm laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Whitesville, Missouri</u> <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>J. Nelson Yates</u>			13b. MOTHER'S MAIDEN NAME <u>M. Cornelia Gibbs</u>		14. NAME OF HUSBAND OR WIFE <u>not given</u>			
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>not given</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Melsena Yates, Whitesville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death. Psychotic</u>					INTERVAL BETWEEN ONSET AND DEATH <u>suddenly</u> <u>2 yrs +</u> <u>2 yrs +</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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 <u>Jan 14</u> , 19 <u>55</u> , to <u>Jan 15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 14</u> , 19 <u>55</u> , and that death occurred at <u>5:00A</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>B.E. Collins M.D.</u> <u>0</u>				23b. ADDRESS <u>State Hospital #2, St. Jos., Mo.</u>		23c. DATE SIGNED <u>1-20-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan 18, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Whitesville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Whitesville, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>Jan 21, 1955</u>		REGISTRAR'S SIGNATURE <u>Lothar W. Allison</u> <u>4850</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Breit Funeral Home SAVANNAH Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *E. C. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah*

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.