

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8807

State File No. ....

FILED APR 5 1955

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5749 Registrar's No. 14

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Madison</u> /   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polk Township-Rural</u> |  | c. LENGTH OF STAY (in this place) <u>8 yrs.</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. #3, Fredericktown</u>                                    |  | e. CITY- (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Polk Township</u> <u>0620</u>                        |  |
| d. STREET ADDRESS <u>Rt. #3, Fredericktown</u>  |  | f. STREET ADDRESS (If rural, give location) <u>Rt. #3, Fredericktown</u>  |  |

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|--|-------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Maben</u> | b. (Middle) | c. (Last) <u>Yount</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>March 26, 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. 26, 1889</u> | 9. AGE (In years last birthday) <u>65</u> | IF UNDER 1 YEAR Months <u>4</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
|-----------------------------|-------------------------------|--|---------------------------------------|---|---|---|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Madison County, Mo.</u> <u>0</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|---|--|

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|---|--|---|
| 13a. FATHER'S NAME <u>William Yount</u> | 13b. MOTHER'S MAIDEN NAME <u>Josephene Stone</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u> | 16. SOCIAL SECURITY NO. <u>492-05-7569</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John William Yount</u> ADDRESS <u>St. Louis, Mo.</u> |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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>Arteriosclerotic Heart Disease with Coronary occlusion.</u>   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Years</u> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____ |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.                                   |  |  |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

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|--|--|---|
| 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? |
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22. I hereby certify that I attended the deceased from Jan 18, 1955, to Jan 19, 1955, that I last saw the deceased alive on Jan 19, 1955, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

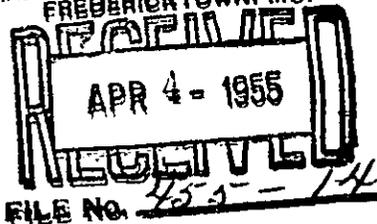
|  |  |                                     |
|--|--|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Charles E. Michaels M.D. 0</u> | 23b. ADDRESS <u>135 S Mine La Motte Fredericktown, Mo.</u> | 23c. DATE SIGNED <u>Mar. 28, 55</u> |
|--|--|-------------------------------------|

|   |                          |   |   |
|---|--------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>3/29/55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Doe Run, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>3-28-1955</u> | REGISTRAR'S SIGNATURE <u>Larence Hecker 97-1</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Najim Funeral Home</u> ADDRESS <u>Fredericktown, Mo.</u> |
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



APR 6 1955

APR 2 1955

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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 \_\_\_\_\_

*Charles McCarty*

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.