

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

19393

FILED JUL 6 - 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **111**

1. PLACE OF DEATH a. COUNTY Macon b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Macon c. LENGTH OF STAY (in this place) 2 Days d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hosp.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Merrow 0610 d. STREET ADDRESS (If rural, give location) R.F.D. Callao		
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3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Gustav c. (Last) Yutz	4. DATE OF DEATH (Month) (Day) (Year) June 15 55
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 10, 1874	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Yutz	13b. MOTHER'S MAIDEN NAME Christina Heckman	14. NAME OF HUSBAND OR WIFE Daisy Yutz
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Mrs. Daisy Yutz	ADDRESS Macon, Mo.
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterial Corone ANTECEDENT CAUSES Due to (b) Chronic Nephritis Due to (c) Hypertension arterial II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Stenosis 592X	INTERVAL BETWEEN ONSET AND DEATH 2 days 6 also 9 mo
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Oct 16, 1934, to June 15, 1955, that I last saw the deceased alive on June 15, 1955, and that death occurred at 1:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. O'Brien M.D.	23b. ADDRESS Macon Mo.	23c. DATE SIGNED 6-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 17, 55	24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24d. LOCATION (City, town, or county) (State) Chariton County Mo.
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DATE REC'D BY LOCAL REG. 6/27/55	REGISTRAR'S SIGNATURE W. M. McNeely	25. FUNERAL DIRECTOR'S SIGNATURE Lester Hutton	ADDRESS Macon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 6-30-35
MACON COUNTY HEALTH DEPARTMENT
County File No. 7-58-99
Date Filed 7-2-35

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 L. Sutton

Licensed Embalmer No. 4577

P. O. Address Macon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.