

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1893

State File No.

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5767 Registrar's No. 20

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|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Troy, Missouri Rural</u> | | c. LENGTH OF STAY (In this place) <u>2 Mo. 11</u> | c. CITY OR TOWN <u>Wentzville</u> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hospital</u> | | f. STREET ADDRESS (If rural, give location) <u>0920</u> | |

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|---------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Sallie</u> b. (Middle) <u>Beckley</u> c. (Last) <u>Yohn</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 20, 1956</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>February 18, 1874</u> | 9. AGE (In years last birthday) <u>81</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home Duties</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Libanon Virginia</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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|-----------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|--|----------------------------------------------------------------------------------------|--|
| 13a. FATHER'S NAME <u>James Williams</u> | | 13b. MOTHER'S MAIDEN NAME <u>Belle Oney</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nickolas Yohn</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No. None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Connie Freese Wentzville, Mo.</u> | |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>332X</u> | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | 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 11-9, 1955, to 1-20, 1956, that I last saw the deceased alive on 1-20, 1956, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

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|------------------------------------------------------------|--|------------------------------------|--|------------------------------------------------------------|--|------------------------------------------------------------------------------|--|
| 23a. SIGNATURE <u>Adrian Hunter, M.D.</u> | | (Degree or title) | | 23b. ADDRESS <u>1 Roy, Mo.</u> | | 23c. DATE SIGNED <u>1-20-56</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>January 23, 56</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Linn Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Wentzville, Missouri</u> | |

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|------------------------------------------------|--|-------------------------------------------------|--|-----------------------------------------------------------------------------|--|
| DATE REC'D BY LOCAL REG. <u>Jan 28-1956</u> | | REGISTRAR'S SIGNATURE <u>Emmie B. Riddle</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Easton Pitman Wentzville</u> | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 10 1958

APR 12 1958

FEB 12 1958

APR 12 1958

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.....
Sarleton J. Pitman

Licensed Embalmer No. 497

P. O. Address *Winterville*

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.