

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **22699**

FILED AUG 8 - 1956

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4012** Registrar's No. **69**

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

1. PLACE OF DEATH a. COUNTY Atchison b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rock Port) c. LENGTH OF STAY (in this place) 1 wk d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant View Nurs. Home		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Atchison c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Port M d. STREET ADDRESS (If rural, give location) 002nd St	
3. NAME OF DECEASED a. (First) ELIHU b. (Middle) FRANCISCO c. (Last) YALE			4. DATE OF DEATH (Month) (Day) (Year) July 10 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 30, 1888
9. AGE (In years last birthday) 67	IF UNDER 1 YEAR (Months) 8	IF UNDER 12 HRS. (Days) 10	12. CITIZEN OF WHAT COUNTRY? U.S.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10b. KIND OF BUSINESS OR INDUSTRY car mechanic	
11. BIRTHPLACE (State or foreign country) Albany, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME E. F. Yale		13b. MOTHER'S MAIDEN NAME Sarah Welch	
14. NAME OF HUSBAND OR WIFE Bytha Yale		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	
16. SOCIAL SECURITY 496-03-0215A		17. INFORMANT'S SIGNATURE OR NAME Mr. Wm. Yale	
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) Acute pulmonary Edema ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio sclerotic heart disease one year DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		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) 4200		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
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 June, 1956, to July 10, 1956, that I last saw the deceased alive on July 10, 1956, and that death occurred at 8:30 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Wallace Carpenter M.D.		23b. ADDRESS Rock Port, MO.	
23c. DATE SIGNED 7/31/56		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE 7/12/56		24c. NAME OF CEMETERY OR CREMATORY Home Cemetery	
24d. LOCATION (City, town, or county) (State) Tarkio, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Davis' Funeral Home	
25. FUNERAL DIRECTOR'S SIGNATURE Marvin H. Schooler		ADDRESS Tarkio, Mo.	
DATE REC'D BY LOCAL REG. July 31, 1956		4430	

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

Frost A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.