

FILED AUG 27 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 264330

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4165 Registrar's No. 79

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

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Daviess</b>                |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b> |   |
| b. CITY OR TOWN <b>Gallatin</b>                              | c. LENGTH OF STAY (in this place) <b>2 Yrs 15</b> | c. CITY OR TOWN <b>Gallatin</b>  | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Cox Rest Home</b> |   | STREET ADDRESS (If rural, give location) <b>Gallatin mo</b>  |   |

|  |                               |   |   |   |
|--|-------------------------------|---|---|---|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Garrett</b> c. (Last) <b>Yates</b> |                               |   | 4. DATE OF DEATH <b>August 15 1956</b>  |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> | 8. DATE OF BIRTH <b>May 29, 1869</b>  | 9. AGE (In years last birthday) <b>87</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>          |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Owner</b>                   | 11. BIRTHPLACE (City and State or Foreign Country) <b>Daviess Co., Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b>   |

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <b>Howard Lewis Yates</b>   | 13b. MOTHER'S MAIDEN NAME <b>Margaret Byrd</b> | 14. NAME OF HUSBAND OR WIFE <b>Mary Yates (Deceased)</b>                        |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>None</b>            | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Paul Yates, Gallatin, Missouri</b> |

|  |   |  |  |
|--|---|--|--|
| 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, ashenia, 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) <b>E. pneumonia of lungs, Cardiac Enlargement</b>  |  | <b>10 days</b>   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Cardio vascular renal disease</b><br>DUE TO (c) <b>arterial Sclerosis, mitral lesion</b> |  | <b>3 yrs</b><br><b>2 yrs.</b>  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death <b>prostate enlargement &amp; cystitis</b>  |   |  | <b>1 yr.</b>   |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS 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) |
| 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?                      |

22. I hereby certify that I attended the deceased from Dec 1952, to Aug 15, 1956 that I last saw the deceased alive on Aug 15, 1956, and that death occurred at 2:50A m., from the causes and on the date stated above.

|   |                                 |                                   |
|---|---------------------------------|-----------------------------------|
| 23a. SIGNATURE <b>H W Bailey MD</b> (Degree or title) | 23b. ADDRESS <b>Gallatin Mo</b> | 23c. DATE SIGNED <b>Aug 16/56</b> |
|---|---------------------------------|-----------------------------------|

|   |                            |  |   |
|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>8-17-1956</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Brown Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Gallatin, Missouri</b> |
|---|----------------------------|--|---|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <b>8-18-56</b> | REGISTRAR'S SIGNATURE <b>Virginia M. Engelhart</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hope Funeral Home, Gallatin, Mo.</b> |
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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.....  
Signature of Student Embalmer

Signed *L. O. Richeson*.....

Licensed Embalmer No. *3307*

P. O. Address *Tellatin*.....

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.