

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27476**

FILED SEP 4 1956

BIRTH NO. _____ REG. DIST. NO. **174** PRIMARY REG. DIST. NO. **3035** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lexington		c. CITY OR TOWN Lexington	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 yr.		STREET ADDRESS (If rural, give location) 1611 Lafayette St. 05420	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1611 Lafayette St.			

3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) MEREDITH c. (Last) YATES			4. DATE OF DEATH (Month) (Day) (Year) August 12 1956		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 30, 1906		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months 0 Days 12 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Liquor Control agent			10b. KIND OF BUSINESS OR INDUSTRY U.S. Agent		
11. BIRTHPLACE (City and State or Foreign Country) Agency, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Charles Yates		13b. MOTHER'S MAIDEN NAME Mary L. Bruce		14. NAME OF HUSBAND OR WIFE Velda Waller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. sub p m		17. INFORMANT'S SIGNATURE OR NAME Velda Waller Yates ADDRESS Lexington, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH sudden	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS 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 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) 4201	
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on **8/8, 1956** and that death occurred at **1:52** m., from the causes and on the date stated above.

23a. SIGNATURE Roni H. Brasher MD (Degree or title)		23b. ADDRESS Lexington Mo.		23c. DATE SIGNED 8/18/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug. 14, '56		24c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery	
				24d. LOCATION (City, town, or county) (State) Lexington, Missouri	

DATE REC'D BY LOCAL REG. 8-24-56		REGISTRAR'S SIGNATURE Wm. E. ...		25. FUNERAL DIRECTOR'S SIGNATURE Wm. E. ... ADDRESS Lexington Mo	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

SEP 24 1955

SEP 28 1955

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.....
James W. T. Leason

Licensed Embalmer No. *458*

P. O. Address *Lehigh*

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.