No. 300
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FILED OCT 30 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34805

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 63

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

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1. PLACE OF DEATH
a. COUNTY: Mercer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
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): Axtell Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blythdale, Mo.
d. STREET ADDRESS (If rural, give location): None

0 4 1

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle): (N mi)
c. (Last): Yowell

4. DATE OF DEATH (Month) (Day) (Year): Oct 4, 1956

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 29 1921
9. AGE (In years last birthday): 35 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber Buyer
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Phelps Co, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Rosa Lamb
14. NAME OF HUSBAND OR WIFE: Marinelle Yowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. War II
16. SOCIAL SECURITY NO.: 489-16-3529
17. INFORMANT'S SIGNATURE OR NAME: Marinelle Yowell — ADDRESS: Blythdale Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hydronephrosis of right kidney — 3 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
4201

19a. DATE OF OPERATION: 10-4-56
19b. MAJOR FINDINGS OF OPERATION: Rt. Kidney very large - contained 4 quarts of fluid
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, on Oct. 4, 1956, that I last saw the deceased alive on Oct. 4, 1956, and that death occurred at 8:25 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Byron L. Axtell (Degree or title): D.O.
23b. ADDRESS: Princeton, Mo.
23c. DATE SIGNED: Oct. 23, 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct 7, 1956
24c. NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery
24d. LOCATION (City, town, or county) (State): Blythdale, Mo

DATE REC'D BY LOCAL REG.: 10-23-56
REGISTRAR'S SIGNATURE: Hal Moss
25. FUNERAL DIRECTOR'S SIGNATURE: Gerald W. Boggess — ADDRESS: Eagleville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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OCT 30 1956

NOV 19 1958

MAY 31 1957

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 Gerald W. Boggess

Licensed Embalmer No. 4782

P. O. Address Eagleville, M

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

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