

FILED NOV 14 1956

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 35016

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Spring Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat Rural-Spring Creek</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Flat</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FINT</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lindsey</u> b. (Middle) <u>L.</u> c. (Last) <u>Yowell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 8 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 25 1869</u>		9. AGE (In years last birthday) Months Days <u>87 7 14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Phelps County Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13. FATHER'S NAME <u>Lindsey Yowell</u>		13b. MOTHER'S MAIDEN NAME <u>Lally Ann Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Yowell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Woodrow E. Sands</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u>  ANTECEDENT CAUSES <u>Cardiac disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac disease</u> DUE TO (c) <u>Cardio-vascular-renal disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>Acute</u> <u>5 or 6 yrs</u> <u>6 yrs.</u>
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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) <u>4201</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Sept 16, 1955, to Nov 8, 1956, that I last saw the deceased alive on Nov 6, 1956, and that death occurred at 12 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree as title) <u>Richard E. Myers M.D.</u>		23b. ADDRESS <u>Newburg, Mo.</u>		23c. DATE SIGNED <u>Nov 9, 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov 10 - 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Boach</u>	
24d. LOCATION (City, town, or county) (State) <u>Phelps Missouri</u>					

DATE REC'D BY LOCAL REG. <u>Nov. 9, 1956</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lee Johnson Newburg</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

Frederick County Health Officer,

County File Number 279

Date Filed 11-13-56

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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 .....  
Student Embalmer

Signed

*Lee Johnson*

Licensed Embalmer No. 3392

P. O. Address Newburg, Md

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.