

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8463

State File No.

BIRTH NO. 13820057 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 421

| | | | |
|---|---------------------------------|---|---------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Henry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, write RURAL and give town) Windsor | | c. CITY OR TOWN Green Ridge <u>0800</u> | |
| c. LENGTH OF STAY (in this place) 2 days | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Windsor Hospital | | STREET ADDRESS (If rural, give location) R. F. D. # 1 | |
| 3. NAME OF DECEASED a. (First) Elma (Type or Print) | | b. (Middle) E. | |
| c. (Last) YODER | | 4. DATE OF DEATH (Month) (Day) (Year) Mar. 22, 1957 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Mar. 14, 1957 |
| 9. AGE (In years last birthday) 8 | IF UNDER 1 YEAR Months 8 | IF UNDER 24 HRS. Hours 8 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant | | 10b. KIND OF BUSINESS OR INDUSTRY - - - - - | |
| 11. BIRTHPLACE (City and State or Foreign Country) Windsor, Mo. | | 12. CITIZEN OF WHAT COUNTRY? U S | |
| 13a. FATHER'S NAME Edwin A. Yoder | | 13b. MOTHER'S MAIDEN NAME Fannie M. Lee | |
| 14. NAME OF HUSBAND OR WIFE None | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) - - - - - | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME Edwin A. Yoder | | ADDRESS R F D #2 Green Ridge, 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 Acute Influenza INTERVAL BETWEEN ONSET AND DEATH 4 1/2 days | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ | | 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? 0 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) 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 <u>3-14</u> ^{10:57} to <u>3-22</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3-22</u> , 19 <u>57</u> , and that death occurred at <u>7:20</u> m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Claude Dr. Shurber MD (Degree or title) | | 23b. ADDRESS Windsor, Mo | |
| 23c. DATE SIGNED 3/22/57 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Mar. 24, 1957 | |
| 24c. NAME OF CEMETERY OR CREMATORY Amish Cemetery | | 24d. LOCATION (City, town, or county) (State) 1 1/2 miles Northwest of Green Ridge, Mo. | |
| DATE REC'D BY LOCAL REG. 3-25-57 | | REGISTRAR'S SIGNATURE Mildred Bigum | |
| 25. FUNERAL DIRECTOR'S SIGNATURE Glenn E. Heck | | ADDRESS Funeral Home Green Ridge, Mo. | |

(Licensed Embalmer's Statement on Reverse Side)

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

521-6

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 *Glen E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Green Ridge*

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.