

X
U.S. No. 300
Rev. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11918
State File No.

FILED APR 10 1957

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 4552 Registrar's No. 206

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MANSFIELD</u>		c. CITY OR TOWN <u>MACOMB</u> d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MANSFIELD HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>NEAR HIGHWAY '60'</u>	

3. NAME OF DECEASED (Type or Print) <u>CHARLEY SYLVESTER YSSERY</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH <u>9 16 1957</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3/30/1936</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>16</u>	IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>LABOR</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>NORWOOD MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LEWIS YSSERY</u>	13b. MOTHER'S MAIDEN NAME <u>RUTH BURGH</u>	14. NAME OF HUSBAND OR WIFE <u>BEULAH ADAMS</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lewis Yssery</u> ADDRESS <u>Macomb, Mo.</u>
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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, asphyxia, 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) <u>fractured skull</u>		<u>5 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Automobile accident</u> DUE TO (c) <u></u>		<u>5 hours</u>
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Norwood</u> (COUNTY) <u>Wright</u> (STATE) <u>MO</u>
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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?
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22. I hereby certify that I attended the deceased from 3-16, 1957 to 3-16, 1957, that I last saw the deceased alive on 3-16, 1957, and that death occurred at 3:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Walter D. O'Neil D.O.</u>	23b. ADDRESS <u>Mansfield, Mo.</u>	23c. DATE SIGNED <u>3-20-57</u>
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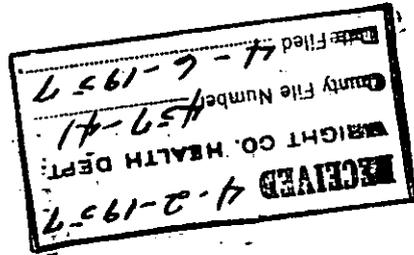
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-19-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Wright Co. MO</u>
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DATE REC'D BY LOCAL REG. <u>3/30/57</u>	REGISTRAR'S SIGNATURE <u>Walter D. O'Neil</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. ...</u> ADDRESS <u>Route 2</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

384



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 *Rev Barber*.....

Licensed Embalmer No. *384*.....

P. O. Address.....

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.