

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20195

STATE FILE NUMBER-

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 627

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Joseph			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		0117 0	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION General Osteopathic Hospital				Length of stay in lb 12 yrs.		d. STREET ADDRESS (If outside, give location) 321 Ohio Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) FRANCIS			First FRANCIS		Middle CLAY		Last YATES	
4. DATE OF DEATH June 5, 1957		Month June		Day 5		Year 1957		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 7, 1879		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Funeral Director		10b. KIND OF BUSINESS OR INDUSTRY Funeral		11. BIRTHPLACE (City and state or country) Platte County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Yates				14. MOTHER'S MAIDEN NAME Sarah Margaret Laffoon				
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. none		17. INFORMANT Address Mrs. Jewell Cook 6607 King Hill Ave.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerosis DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 331x							INTERVAL BETWEEN ONSET AND DEATH 5-24-57 ?	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE
21. I attended the deceased from 5-24-57 to 6-5-57 and last saw ^{her} him alive on 6-5-57 Death occurred at 5:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Clifford L. Steidley, Sr. (Degree or title)				22b. ADDRESS 8011 1/2 Francis St., City		22c. DATE SIGNED 6-7-57		
23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial		23b. DATE June 8, 1957		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem		23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. June 11, 1957		26. REGISTRAR'S SIGNATURE Robert M. Allison		

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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 Paul Clark, Student Embalmer No. 53 working under my personal supervision.

Student Paul F. Clark
Signature of Student Embalmer

Signed Evan A. Clark

Licensed Embalmer No. 42

P. O. Address H. Jones

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.