

FILED JUL 3 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH57 0 22 1:25
State File No.

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>3053</u>		Registrar's No. <u>100</u>		
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>Rolla</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Newburg</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Memorial</u>				e. STREET ADDRESS <u>0810</u> (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Oma</u>		b. (Middle) <u>Josephine</u>		c. (Last) <u>Yelton</u>		
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>25</u>		(Year) <u>1957</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov 15 - 1898</u>		
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u>		IF UNDER 24 HRS. Hours <u></u> Mins. <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Dixon Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13a. FATHER'S NAME <u>John Farmer</u>		13b. MOTHER'S MAIDEN NAME <u>FANNY LOUALL</u>		14. NAME OF HUSBAND OR WIFE <u>Charles Yelton</u>	
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>497-184009</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles Yelton</u> ADDRESS <u>Newburg Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u>		DUPLICATE OF (a) <u>Coronary Arteriosclerosis</u>					<u>48 hours</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					DUPLICATE OF (b) <u>Diabetes Mellitus</u>	
DUPLICATE OF (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION <u>NA</u>		19b. MAJOR FINDINGS OF OPERATION <u>NA</u>					20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NA</u>		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) (Min.)		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>6/23</u> , 19 <u>57</u> to <u>6/25</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>6/25</u> , 19 <u>57</u> , and that death occurred at <u>3:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Harold L. Butts M.D.</u>				23b. ADDRESS <u>Rolla Missouri</u>		23c. DATE SIGNED <u>6/26/57</u>		
24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 27 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dixon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dixon Missouri</u>		
DATE REC'D BY LOCAL REG. <u>June 26, 1957</u>		REGISTRAR'S SIGNATURE <u>Nadene L. Stoll</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Johnson</u>		ADDRESS <u>Newburg Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

380

RECEIVED

Phelps County Health Officer,

County File Number 741

Date Filed JUL 2 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 William Lee STRAWHUN, Student Embalmer No. 543, working under my personal supervision..

Student William Lee Strawhun
Signature of Student Embalmer

Signed Lee Johnson

Licensed Embalmer No. 339

P. O. Address Newburg

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.