

Health, Welfare Public Service

300 1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

20

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 0 27 6 85
STATE FILE NUMBER

FILED SEP 10 1957

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Camden			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden		
b. CITY (If outside corporate limits, give TOWNSHIP only) Grand Glaize <i>Osage Jct</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Grand Glaize <i>0150</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Arthur H. Yost Sr.			4. DATE OF DEATH Month Day Year September 1, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 27, 1892		9. AGE (In years last birthday) 64
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lumber dealer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME J.H. Yost		13b. MOTHER'S MAIDEN NAME (Unknown) Yost		14. NAME OF HUSBAND OR WIFE Ida Yost	
15. WAS DECEASED ENL IN U. S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT Blanche Drasky Address Osage Beach, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <i>Melanoma - Dermatomas -</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Original Site Stemming</i>					<i>6 months</i>
DUE TO (c) <i>Mr. Hoffmann's Heart Disease</i>					<i>3 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>196X</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART-II of item 18.) <i>-</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		<i>-</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <i>May - 20</i> to <i>Sept 1 - 57</i> and last saw her alive on <i>Aug - 31 - 57</i> Death occurred at <i>5:00 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Type or print) <i>Thomas A. Mayland</i>		22b. ADDRESS <i>Camdenton, Mo</i>	
22c. DATE SIGNED <i>9-2-57</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		23b. DATE <i>9/2/57</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Wyuka Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Lincoln, Nebraska</i>			
24. FUNERAL DIRECTOR <i>Hedges Funeral Home</i>		ADDRESS <i>Camdenton, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Sept. 1 - 1957</i>	
26. REGISTRAR'S SIGNATURE <i>Zilpha D. Drew</i>					

(Licensed Embalmer's Statement on Reverse Side)

21 88 7 2 0 7

SEP 11 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Walter J. Hedge*

Licensed Embalmer No. 4265

P. O. Address Iberia, Missouri

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.