

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022450

STATE FILE NUMBER

FILED JUL 8 1958 Registration District No. 383 Primary Registration District No. 5647 Registrar's No. 85

S. 300
1-57

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1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FRIESTATT	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FRIESTATT	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR CRESTVIEW REST HOME INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 0550 GENERAL DELIVERY
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First WILLIAM Middle HENRY Last YOST	4. DATE OF DEATH Month JUNE Day 23 Year 1958
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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 DEC. 2, 1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) McDONALD CO. 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ALONZO YOST	13b. MOTHER'S MAIDEN NAME MARY IVINS	14. NAME OF HUSBAND OR WIFE RUBY YOST (DECEASED)
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Address LUTHER YOST MT. VERNON, MISSOURI
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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 artery Failure + Shock		INTERVAL BETWEEN ONSET AND DEATH 12 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Gastric Hemorrhage	30 hrs
	DUE TO (c) Rupture Gastric Ulcer	30 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) 5400
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20c. TIME OF INJURY Hour 5:30 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT <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 MT Vernon MO.	COUNTY	STATE
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21. I attended the deceased from April 15 1958 to June 23 1958 and last saw him alive on June 23 1958 Death occurred at 5:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) Harold E. George & Co.	22b. ADDRESS MT Vernon MO.	22c. DATE SIGNED 6/24/58
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23a. BURIAL, CREMATION, REINTERMENT (Specify) BURIAL	23b. DATE JUNE 26, 1958	23c. NAME OF CEMETERY OR CREMATORY IOOF CEMETERY	23d. LOCATION (City, town, or county) (State) MARIONVILLE, MISSOURI
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24. FUNERAL DIRECTOR MARSH FUNERAL HOME, AURORA, MISSOURI	25. DATE RECD. BY LOCAL REG. 7-3-58	26. REGISTRAR'S SIGNATURE Cecil Hendricks
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Diseases in Part I must be causally related. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Ray E. Ireland*

Licensed Embalmer No. *5052*

P. O. Address *Aurora Ill.*

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.