S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-036184

FILED NOV 3 1958

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5217 Registrar's No. 914

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tebo Township
c. LENGTH OF STAY (in this place): 1 Hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Miles N. W. Calhoun, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Henry
c. CITY OR TOWN: Clinton 042 0
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 309 W. Wilson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Johnnie
b. (Middle): J.
c. (Last): Yewell

4. DATE OF DEATH (Month) (Day) (Year): Oct. 26, 1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Dec. 25, 1925
9. AGE (In years last birthday): 32 — If under 1 year: Months 10, Days 1, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Mechanic
11. BIRTHPLACE (City and State or Foreign Country): Clinton, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Lewis J. Yewell
13b. MOTHER'S MAIDEN NAME: Janie Yewell Walden
14. NAME OF HUSBAND OR WIFE: Mary Kathleen Yewell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W. W. 2
16. SOCIAL SECURITY NO.: 727-05-3318
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mary Kathleen Yewell, 309 W. Wilson St. Clinton, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Accidental Drowning (Recovered body with hooks by sheriff from 18 ft of water near Calhoun, Mo.)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Probable Coal Co Lake - N.W. 3 mi from Calhoun

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: Instant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 850X
20. AUTOPSY? YES [ ] NO [X] 2

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Coal Pit - Northy Calhoun
21c. (CITY, TOWN, OR TOWNSHIP): ~~Tebo Twp~~ 042 (COUNTY) Henry 42 (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 10-26-58 4:15 p.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Boat Capsized -

22. *I hereby certify that I attended the deceased from* unattended death *, 19____, to _____, 19____, that I last saw the deceased alive on* 4:15 p.m. 10-26-58 *, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Bradshaw, M.D. (Henry Co. Coroner) 3
23b. ADDRESS: Clinton, Mo.
23c. DATE SIGNED: 10-26-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 28, 1958
24c. NAME OF CEMETERY OR CREMATORY: Englewood Cemetery
24d. LOCATION (City, town, or county) (State): Clinton, Mo.

DATE REC'D BY LOCAL REG.: 10-28-58
REGISTRAR'S SIGNATURE: Mildred Bigum
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: H. L. Vansant Clinton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 7 1958

NOV 5 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. A. Vansant

Licensed Embalmer No. 377

P. O. Address Clinton

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