

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040758

STATE FILE NUMBER

NOV 19 1958 Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 379

1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HANNIBAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN MONROE CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LEVERING HOSPITAL		Length of stay in lb 3 DAYS	069 STREET ADDRESS 200 SECOND STREET (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) WILLIAM First EMMETT Middle YOWELL Last			4. DATE OF DEATH NOVEMBER 13th 1958 Month Day Year
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 FEBRUARY 6th 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HARNESSE MAKER		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days 8 7 IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and state or country) MONROE COUNTY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME DANIEL K YOWELL		13b. MOTHER'S MAIDEN NAME SUSAN STYLES	14. NAME OF HUSBAND OR WIFE GLADYS YOWELL
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. 490-18-4415	17. INFORMANT Address Willis S. Yowell, 91 N. Glenwood Rd. Hannibal, 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) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
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 COUNTY STATE
21. I attended the deceased from 9 Nov 1958 to 13 Nov 1958 and last saw her/him alive on 13 Nov 1958 Death occurred at 11.20 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Wynell Hamlin MD (Degree or title)		22b. ADDRESS Hannibal Mo	22c. DATE SIGNED 11/17/58
23a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	23b. DATE NOV 15th 1958	23c. NAME OF CEMETERY OR CREMATORY StJUDES CEMETERY	23d. LOCATION (City, town, or county) (State) MONROE CITY, MISSOURI.
24. FUNERAL DIRECTOR Wilson & Sons ADDRESS MONROE CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-17-1958	26. REGISTRAR'S SIGNATURE Dr. E. M. Lucke by K. C. Fisher

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related. Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

89
0

300
1-57

RECEIVED NOV 18 1958

MARION CO. HEALTH DEPT.

DATE FILED NOV 18 1958

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 me....., Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed Leslie L. Hilson.....

Licensed Embalmer No. 3014.....
P. O. Address Marion City.....

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.