

97693-58

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

58-046554

State File No. _____

FILED JAN 5 1959

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 11813

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Crawford	
b. CITY (If outside corporate limits, write RURAL and give town) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) Steelville	
c. LENGTH OF STAY (In this place) 45 min.		d. STREET ADDRESS (If rural, give location) 31	
d. FULL NAME OF HOSPITAL OR INSTITUTION 08 DEACONESS HOSPITAL			
3. NAME OF DECEASED a. (First) MATTHEW b. (Middle) CHRISTOPHER c. (Last) YEARY			4. DATE OF DEATH (Month) (Day) (Year) DEC. 4, 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DECEMBER 4, 1958
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MISSOURI
10a. USUAL OCCUPATION		10b. NEVER MARRIED	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME MILTON F. YEARY		13b. MOTHER'S MAIDEN NAME CHARLOTTE TAPPERSON	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MILTON F. YEARY - STEELVILLE, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) AGENESIS - LEFT LUNG ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) EVENTRATION - L. LEAF OF DIAPHRAGM DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 560.4	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	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 DEC 4, 1958, to DEC 4, 1958, that I last saw the deceased alive on DEC 4, 1954, and that death occurred at 9:30 AM., from the causes and on the date stated above.			
23a. SIGNATURE W. D. Hawken, M.D.		23b. ADDRESS (Degree or title) 0 16 Hampton Village Plaza Admin. Bldg. Steelville, Mo.	23c. DATE SIGNED 12/4/58
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12/6/58	24c. NAME OF CEMETERY OR CREMATORY STEELVILLE CEMETERY	24d. LOCATION (City, town, or county) (State) STEELVILLE, MO.
DATE REC'D BY LOCAL REG. DEC 8 58	REGISTRAR'S SIGNATURE J. Carl Smith	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Max Thomas & Herbert - STEELVILLE, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis, Mo

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 this body is not embalmed, fact should be so stated above.