Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008069
STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 3231 Primary Registration District No. 6099 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY Schuyler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 8 Miles Northeast — Length of stay in 1b 40 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Schuyler
c. CITY OR TOWN Queen City Rural — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside city, give location) 8 Miles Northeast Queen City — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First HARVEY Middle DAVID Last YATES
4. DATE OF DEATH: Month 3 Day 9 Year 59
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 2-16-1898
9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: — — —
11. BIRTHPLACE (City and state or country): Queen City
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Hiram Henry Yates
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Smith
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: Dale Yates — Address: Moberly, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Massive Coronary Occlusion — 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) exertion — 1/2 hour
DUE TO (c) arteriosclerosis — 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Pulmonary - chronic emphysema 4201
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 9, 1959 and last saw him alive on March 9, 1959
Death occurred at 5 p m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title) Eleanor S. Roberts D.O.
22b. ADDRESS Queen City, Mo.
22c. DATE SIGNED 3-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-12-59
23c. NAME OF CEMETERY OR CREMATORY Queen City Cemetery
23d. LOCATION (City, town, or county) Queen City (State) Mo.
24. FUNERAL DIRECTOR Jack L. Doty ADDRESS Queen City Mo
25. DATE RECD. BY LOCAL REG. 3. 12. 59
26. REGISTRAR'S SIGNATURE Mrs. R. J. Drake

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

JUN 9 1959
MAR 19 1959
MAR 8 1959

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 46

P. O. Address Queen Cit

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