

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012216

STATE FILE NUMBER

FILED APR 24 1959

Registration District No.

10

Primary Registration District No.

3002

Registrar's No.

79

1. PLACE OF DEATH a. COUNTY Audrain			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Audrain <i>(mission)</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico		Inside Limits Yes ☒ No ☐	c. CITY OR TOWN Mexico <i>00430</i>		Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 617 S. Clark		Length of stay in 1b 5 years	d. STREET ADDRESS (If outside, give location) 617 S. Clark		Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First Paulina Middle Leeann Last Yowell			4. DATE OF DEATH Month April Day 15 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2. DIVORCED ☐	8. DATE OF BIRTH Dec. 27, 1863	9. AGE (In years last birthday) 95	10. FUNDING YEAR Months 9 Days 15 Hours 15 Min. 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and state or country) Marion County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John B. Young			
13b. MOTHER'S MAIDEN NAME Sophia Dillon		14. NAME OF HUSBAND OR WIFE D. K. (Deceased) 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. None		17. INFORMANT Mrs. L. L. Hagan Address 617 S. Clark Mexico, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural Causes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Diabetes Mellitus DUE TO (c) Cardiac De Compensation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X					INTERVAL BETWEEN ONSET AND DEATH 5 yrs 5 yrs
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 4:15 Month, Day, Year 4-15-59 a.m. p.m.		20d. INJURY OCCURRED WHILE AT ☐ 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 6-14-56 to 4-13-59 and last saw her alive on 4-13-59 Death occurred at 7:00 AM 4-15-59 m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Blanche Neely</i> (Deputy or title)		22b. ADDRESS Mexico Mo		22c. DATE SIGNED 4-15-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-17-1959		23c. NAME OF CEMETERY OR CREMATORY St. Judes Cemetery	
23d. LOCATION (City, town, or county) Monroe City, Missouri		(State)			
24. FUNERAL DIRECTOR Arnold Funeral Home Mexico, Mo.		25. DATE RECD. BY LOCAL REG. April 16, 1959		26. REGISTRAR'S SIGNATURE <i>Blanche Neely</i>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

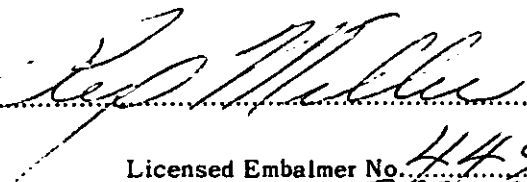
ALL DISAGREES IN 19. EXPLAIN IN 20.

LAWRENCE

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 

Licensed Embalmer No. 4492

P. O. Address Michigan

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.