

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017425

STATE FILE NUMBER

FILED MAY 18 1959

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 467

300
-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN NIANGUA MO RI Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE Hosp Length of stay in lb 3 DAYS		d. STREET ADDRESS (If outside, give location) 8 MI EAST Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First FRANK Middle YESTAL Last			4. DATE OF DEATH Month MAY Day 7 Year 1959
5. SEX 0	6. COLOR OR RACE MRLE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JULY 16 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET FARMER		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI
13a. FATHER'S NAME I.T. YESTAL		13b. MOTHER'S MAIDEN NAME MARY RUSSELL	14. NAME OF HUSBAND OR WIFE ETHEL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 500-10-3970	17. INFORMANT Address ETHEL YESTAL NIANGUA 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) Coronary thrombosis in myocardial infarction due to arteriosclerosis about 5 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) _____			INTERVAL BETWEEN ONSET AND DEATH 4 201
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 _____ 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 5-4-59 to death and last saw her ^{her} him alive on 5-7-59 Death occurred at 525 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (If agree or title) Thos B Johnson MD		22b. ADDRESS Springfield, Mo	22c. DATE SIGNED 5-9-59
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 5-9-1959	23c. NAME OF CEMETERY OR CREMATORY EUERKA	23d. LOCATION (City, town, or county) (State) WEBSTER Co MO
24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD MO		25. DATE RECD. BY LOCAL REG. 5-11-59	26. REGISTRAR'S SIGNATURE Effie E. Melton

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 18 1959

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 *George Stepp*

Licensed Embalmer No. *3161*

P. O. Address *Mt. Grove*

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.