

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-026314

FILED VS JUL 28 1959

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 284

STATE FILE NUMBER

IDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY St. Francois	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bonne Terre	a. STATE Mo.	b. COUNTY St. Francois
Length of stay in lb 1 hr.		c. CITY OR TOWN Leadwood	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Dr. Jack Mullen's office		d. STREET ADDRESS —	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH			
First Everett	Middle	Last Yount	Month July	Day 20	Year 1959	
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 2-16-1899	9. AGE (last birthday) 60 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mine Captain	10b. KIND OF BUSINESS OR INDUSTRY St. Joe Lead Co.	11. BIRTHPLACE (City and state or country) Quaker, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME Foster Yount		13b. MOTHER'S MAIDEN NAME Sally Midgett		14. NAME OF HUSBAND OR WIFE Lizzie Yount		
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. 497-01-9551		17. INFORMANT Lizzie Yount, Leadwood, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Infarction of myocardium</b>		1 hour
DUE TO (b) <b>Arteriosclerotic coronary thrombosis.</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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.	Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <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 July 20, 1959 to July 20, 1959 and last saw him alive on July 20, 1959  
 Death occurred at 10:40 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Jack Mullen</i>	Degree or title	22b. ADDRESS Bonne Terre, Missouri	22c. DATE SIGNED 7-21-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/22/59	23c. NAME OF CEMETERY OR CREMATORY Leadwood	23d. LOCATION (City, town, or county) (State) Leadwood Missouri
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24. FUNERAL DIRECTOR Bert L. Boyer, Leadwood, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. July 24, 1959	26. REGISTRAR'S SIGNATURE <i>Ether Redloff</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 9 1959

FEB 19 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bert L. Boyer

Licensed Embalmer No. 344J

P. O. Address Leadwood, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.