

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 20 1959

58 59-035662

STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. 687 Registrar's No. ~~58~~

1. PLACE OF DEATH a. COUNTY Dallas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN N. Benton Twp.		Length of stay in 1b Life	c. CITY OR TOWN Buffalo
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buffalo, Mo.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) N. Benton Twp.
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Preston Farris Yates			4. DATE OF DEATH Month Day Year October 8, 1959		
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5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 16, 1899	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months 6 Days 19	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Buffalo, Mo.	12. CITIZEN OF WHAT COUNTRY US
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13a. FATHER'S NAME Preston Yates	13b. MOTHER'S MAIDEN NAME Caroline Woods	14. NAME OF HUSBAND OR WIFE Nellie Yates
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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. 500-10-0624	17. INFORMANT Address Nellie Yates Buffalo, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 5-6 d 5 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hemiplegia following C. V. A.	
	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	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from Mar 1955 to 8 Oct 59 and last saw <sup>her</sup> him alive on 8 Oct 59	
Death occurred at 9:10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) O. A. Gruffen MD	22b. ADDRESS Buffalo Mo	22c. DATE SIGNED 9 Oct 59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 11, 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Buffalo, Missouri
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24. FUNERAL DIRECTOR ADDRESS Montgomery Funeral Home Buffalo, Missouri	25. DATE RECD. BY LOCAL REG. 10/19/59	26. REGISTRAR'S SIGNATURE Mrs Vera Petree
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Vernon H. Vieto

Licensed Embalmer No. 888 5083

P. O. Address Buffalo, Missouri

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.