

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 3 0 1959

366

Primary Registration District No.

Registrar's No.

94

'59 0 4 6 6 2 0

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Washington			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Washington		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Concord		Length of stay in 1b		c. CITY OR TOWN Potosi, Mo. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 12 MILES south of Potosi			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Rt. 1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Orville Middle Lester Last Yount			4. DATE OF DEATH Month Dec. Day 23 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. MONTH OF BIRTH NOV	9. AGE (last birthday) 81	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lead Miner		10b. KIND OF BUSINESS OR INDUSTRY MINING		11. BIRTHPLACE (City and state or country) Quaker Mo.	
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME Vess Yount		13b. MOTHER'S MAIDEN NAME Sadie Gillam	
14. NAME OF HUSBAND OR WIFE Myrtle 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. 493-03-9757			17. INFORMANT Address Richard Yount Mineral Point 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) Labar pneumonia					INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Influenza					10 days
DUE TO (c) Bronchial asthma					
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 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	
21. I attended the deceased from Dec. 10 - 1959 to Dec. 23 - 1959 and last saw her alive on Dec. 20 - 1959 Death occurred at 6 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph L. Thurman, M.D.			22b. ADDRESS Potosi, Mo.		22c. DATE SIGNED 12-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-26-59	23c. NAME OF CEMETERY OR CREMATORY Caledonia Methodist		23d. LOCATION (City, town, or county) (State) Washington Co. Mo.
24. FUNERAL DIRECTOR ADDRESS Oman Jenkins Potosi Mo.			25. DATE RECD. BY LOCAL REG. 12/26/59		26. REGISTRAR'S SIGNATURE Robert Waldall

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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DEC 30

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 John N. Shepard

Licensed Embalmer No. 4881

P. O. Address Bismarck,

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.