

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAY 23 1964

-60-020291

STATE FILE NUMBER

Registration District No. 264 Primary Registration District No. _____ Registrar's No. 23

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Ozark</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pontiac</u>	Length of stay in 1b <u>102 mo.</u>	c. CITY OR TOWN <u>Pontiac</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>Pontiac Twp.</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jack</u> Middle <u>L.</u> Last <u>Yates</u>			4. DATE OF DEATH Month <u>4</u> Day <u>-8-</u> Year <u>60</u>			
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6-20-1892</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Iron</u>	11. BIRTHPLACE (City and state or country) <u>Paris, Texas</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		

13a. FATHER'S NAME <u>Lee Yates</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Carrel</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Jack Yates - Pontiac, Mo.</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>458-24-2209</u>	17. INFORMANT <u>Mrs. Jack Yates - Pontiac, Mo.</u>	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac De Compensation</u> DUE TO (b) <u>Vascular Heart Disease</u> DUE TO (c) _____ Interval between onset and death <u>2 wks.</u>
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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.)
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 checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Pontiac, Mo.</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>4/2-60</u> to <u>4/8-60</u> and last saw ^{her} him alive on <u>4-8-60</u> Death occurred at <u>7:40 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE <u>M. J. Hoerman</u> (Degree or title)	22b. ADDRESS <u>Lainesville, Mo.</u>	22c. DATE SIGNED <u>4-11-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>4-11-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pontiac</u>	23d. LOCATION (City, town, or county) <u>Ozark Co. Mo.</u>
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24. FUNERAL DIRECTOR <u>Clunkingbeard, Lainesville, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-12-60</u>	26. REGISTRAR'S SIGNATURE <u>Thana Mahan</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS MAY 23 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 _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.