

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020550

FILED VS JUN 7 1960

Registration District No. 316 Primary Registration District No. 4461 Registrar's No. 215 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST FRANCOIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE <u>MO.</u> b. COUNTY <u>ST. FRANCOIS</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>BISMARCK</u>		Length of stay in lb		c. CITY OR TOWN <u>BISMARCK</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		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) First <u>Williard</u> Middle <u>Yount</u> Last <u>Yount</u>				4. DATE OF DEATH Month <u>May</u> Day <u>27</u> Year <u>1960</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>11-10-1885</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>17</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Milk Bottler</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SUNNYMEADE DAIRY</u>		11. BIRTHPLACE (City and state or country) <u>QUAKER, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Sylvester Yount</u>			13b. MOTHER'S MAIDEN NAME <u>Sadie William</u>		14. NAME OF HUSBAND OR WIFE <u>ELLA YOUNT</u>			
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>498-10-3225</u>		17. INFORMANT Address <u>ELLA YOUNT BISMARCK, MO.</u>			
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) <u>Congestive Circulatory Failure</u>							<u>immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Decompensated Heart Disease</u>							<u>months</u>	
DUE TO (c) <u>Arteriosclerosis</u>							<u>years</u>	
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 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 <u></u> a.m. <u></u> p.m. <u></u>		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 <u>May 23, 1960</u> to <u>May 27, 1960</u> and last saw him alive on <u>May 23, 1960</u>				Death occurred at <u>10:30A</u> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>M.M. Beck</u> (Degree or title) <u>D.O.</u>			22b. ADDRESS <u>BISMARCK, MISSOURI</u>			22c. DATE SIGNED <u>MAY 28-60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>5-30-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>QUAKER</u>		23d. LOCATION (City, town, or county) (State) <u>QUAKER, MISSOURI</u>				
24. FUNERAL DIRECTOR <u>SHIPMAN & SONS - BISMARCK, MO.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>MAY 28, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

REC'D & 1952

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. Shipman
Licensed Embalmer No. 4881

P. O. Address Bismarck

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