

FILED VS AUG 16 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-029493

STATE FILE NUMBER

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 244

S. 300
ev. 1-57

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirksville</u>		c. CITY OR TOWN <u>Queen City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Laughlin 3</u>		d. STREET ADDRESS (If outside, give location) <u>0980</u>	
Length of stay in lb		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Richard Frederick Yates</u>			4. DATE OF DEATH Month Day Year <u>Aug 8 '60</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>Aug 8 1937</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Queen City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Noel Yates</u>		13b. MOTHER'S MAIDEN NAME <u>Kathleen Bergman Sharpe Yates</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Queen City Mo</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Walter Queen City 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>MEDULLARY PARALYSIS</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs (?)</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>CANCER OF BRAIN WITH</u>			
DUE TO (c) <u>METASTASIS TO SPINAL CORD</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1930</u>			19. WAS AUTOPSY PERFORMED? 2 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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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>7-9-60</u> to <u>8-8-60</u> and last saw <u>him</u> alive on <u>8-8-60</u> Death occurred at <u>7:55</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Walter Queen</u> (Degree or title)		22b. ADDRESS <u>Queen City Mo</u>		22c. DATE SIGNED <u>8-9-60</u>	

23a. BURIAL, CREMATION OR REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>8-11-60</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Queen City Mo</u>		23d. LOCATION (City, town, or county) (State) <u>Queen City Mo</u>	
24. FUNERAL DIRECTOR <u>Walter Queen</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>8-10-60</u>		26. REGISTRAR'S SIGNATURE <u>Dennis W. Rattiff</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

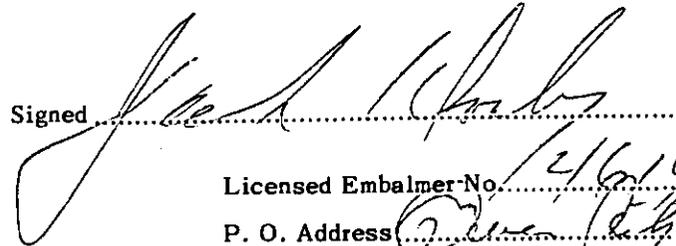
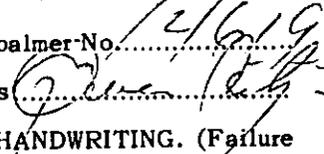
AUG 16 1960

EARL LAARHIN, JR., D.O.

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  Licensed Embalmer No. 21619 P. O. Address 

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.