

RL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033834

LED VS SEP 28 1960

STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Centralia</u>		Length of stay in 1b <u>7 YRS.</u>	c. CITY OR TOWN <u>Centralia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>220 So. Rollins</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>220 So. Rollins</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Jessie</u> Middle <u>BLANCHE</u> Last <u>YATES</u>			4. DATE OF DEATH Month <u>Sept.</u> Day <u>19</u> Year <u>1960</u>		
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5. SEX <u>Female</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>July 23-1891</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>1</u> Day <u>26</u> Hours <u></u> Min. <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and state or country) <u>Andover, Denton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Anselm E. Pool</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Garner</u>	14. NAME OF HUSBAND OR WIFE <u>L.W. Yates</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>NONE</u>	17. INFORMANT <u>L.W. Yates, Centralia, Mo.</u>
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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) <u>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		<u>1 year</u>
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anemia 1 Year</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 _____ a.m. _____ p.m.	Month, Day, Year _____
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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 COUNTY _____ STATE _____
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21. I attended the deceased from Sept. 9, 1953 to Sept. 19, 1960 and last saw her/him alive on Sept. 19, 1960  
Death occurred at 8:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>L. Lachance M. D. Lachance, M.D.</u>	22b. ADDRESS <u>110 W. Sneed - Centralia, Mo.</u>	22c. DATE SIGNED <u>9/20/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept. 22-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>
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24. FUNERAL DIRECTOR <u>Paul J. Ballou, Centralia, Mo.</u>	25. DATE RECD. LOCAL REG. <u>Sept 22-1960</u>	26. REGISTRAR'S SIGNATURE <u>Maud M. Bride</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 20 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Paul J. Baller

Licensed Embalmer No. 4206

P. O. Address Centuria

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