

STATE DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042868

FILED VS NOV 23 1960

Registration District No. 226 Primary Registration District No. 4238 Registrar's No. 44

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Monroe					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe City		Length of stay in 1b 4 Months		c. CITY OR TOWN Monroe City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Monroe City Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 232 E. Cleveland		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Mary Lillian Carrico Yates				4. DATE OF DEATH Month Day Year August 5, 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 11/9/179	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months 8 Days 26	IF UNDER 24 HR Hours 26 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) Monroe County Mo.		12. CITIZEN OF WHAT COUNTRY U.S.		
13a. FATHER'S NAME Joseph E. Carrico			13b. MOTHER'S MAIDEN NAME Louesia C. Osbourne			14. NAME OF HUSBAND OR WIFE Elbert Yates			
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. 489 26 7515D		17. INFORMANT Address Mrs. E.C. Spalding Monroe City 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) ASHD - Acute Heart Failure							INTERVAL BETWEEN ONSET AND DEATH 2 days		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bilateral Ex Hypes					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 a.m. p.m. 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>5-3-60</u> to <u>8-3-60</u> and last saw her/him alive on <u>8-3-60</u> Death occurred at <u>2:50 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Mary Patricia Shannon</i>				22b. ADDRESS Monroe City, Mo.				22c. DATE SIGNED 8-6-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/8/1960	23c. NAME OF CEMETERY OR CREMATORY Holy Rosary Cemetery		23d. LOCATION (City, town, or county) (State) Monroe City Missouri.				
24. FUNERAL DIRECTOR ADDRESS Harold V. Garner Monroe City Mo				25. DATE RECD. BY LOCAL REG. 18-1960		26. REGISTRAR'S SIGNATURE <i>Calise Miller</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Harvey R. Duran

Licensed Embalmer No. 3720

P. O. Address Monroe City, I

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