

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046952

FILED VS DEC 19 1960

STATE FILE NUMBER

Registration District No. 261 Primary Registration District No. 2048 Registrar's No. 271

INDEXED

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Maryville</u>	Length of stay in lb <u>5 days</u>	c. CITY OR TOWN <u>Burlington Junction</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>		d. STREET ADDRESS <u>None</u>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Franklin Fayette Yates</u>			4. DATE OF DEATH Month Day Year <u>December 7 1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/10/1877</u>	9. AGE (last birthday) <u>83</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>Retired Farm Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Laird Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U S</u>	

13a. FATHER'S NAME <u>Fayette Yates</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Meadows</u>	14. NAME OF HUSBAND OR WIFE <u>Nora L. Yates</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>48-703-9700</u>	17. INFORMANT <u>Mrs Luville Jones Burl. Jct 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>Acute Myocardial Infarction</u>	<u>5 days</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Thrombosis</u>	<u>5 days</u>
	DUE TO (c) <u>Coronary Atherosclerosis</u>	<u>7</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 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 1954 to 1960 and last saw her/him alive on 12/6/60  
Death occurred at 4 A M on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Chemp MD</u>	(Degree or title)	22b. ADDRESS <u>Maryville, Mo</u>	22c. DATE SIGNED <u>12/13/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/9/60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ohio Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Burlington Jct Missouri</u>
24. FUNERAL DIRECTOR <u>Adan</u>	ADDRESS <u>Burlington Jct Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-18-60</u>	26. REGISTRAR'S SIGNATURE <u>Bears Holt</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

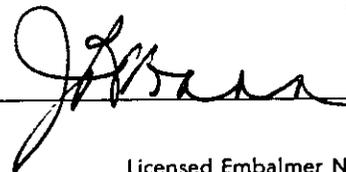
BY AFFIDAVIT OF

**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 \_\_\_\_\_



Licensed Embalmer No. 2968

P. O. Address Burl. Ind.

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.