

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 848

AMENDED

1. PLACE OF DEATH a. COUNTY <u>---</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in 1b <u>7 yr 10 mo.</u>	c. CITY OR TOWN <u>Kansas City</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>Masonic Home of Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>320 N. Belmont</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Oliver</u> Middle <u>Bell</u> Last <u>Yeats</u>			4. DATE OF DEATH Month <u>January</u> Day <u>26</u> Year <u>1961</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/4/75</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>---</u> Days <u>---</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)		10b. KIND OF BUSINESS OR INDUSTRY <u>unknown</u>	11. BIRTHPLACE (City and state or country) <u>Kirkwood, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S.</u>		
13a. FATHER'S NAME <u>Thom. M. Yeats</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Carr</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u> <u>unknown</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT <u>Masonic Home of Mo.</u> Address <u>---</u> <i>Louis Chauran</i>
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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>Multiple Metartoses of Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Carcinoma of Prostrate</u>	<u>1 yr.</u>
	DUE TO (c) <u>177x</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>---</u>		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
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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.) <u>---</u>
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20c. TIME OF INJURY Hour <u>---</u> a.m. <u>---</u> p.m. <u>---</u> Month, Day, Year <u>---</u>	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.) <u>---</u>	20f. CITY, TOWN, OR LOCATION <u>---</u>	COUNTY <u>---</u>	STATE <u>---</u>
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21. I attended the deceased from 3/13/53 to 1/26/61 and last saw <sup>DECEASED</sup> live on 1/26/61  
 Death occurred at 11:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Harold E. Walters M.D.</i> (Degree or title)	22b. ADDRESS <u>3720 Washington St. Louis</u>	22c. DATE SIGNED <u>1-27-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal burial</u>	23b. DATE <u>1/30/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	23d. LOCATION (City, town, or county) <u>St. Louis County, Missouri</u>	(State)
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24. FUNERAL DIRECTOR <u>Alexander &amp; Sons 6175 Delmar Blvd.</u>	25. DATE RECD. BY LOCAL REG. <u>JAN 27 1961</u>	26. REGISTRAR'S SIGNATURE <i>Harold Smith M.D.</i>
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DATE AMENDED  
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed J. S. McCulloch

Licensed Embalmer No. 2760

P. O. Address 6175 Palm

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.