

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

120 -61-035583

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. 336 Registrar's No. 120

AMENDED

**FILED SEP 26 1961**

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Shannon</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u>                       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Rural Route 2</u>  |   | c. CITY OR TOWN <u>Mountain View</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                      |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Home</u>   |   | d. STREET ADDRESS (If outside, give location) <u>Rural Route 2</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>       |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Charles</u> Middle <u>Clifford</u> Last <u>Yeates</u>  |   |   | 4. DATE OF DEATH<br>Month <u>Sept.</u> Day <u>15</u> Year <u>1961</u>  |
| 5. SEX <u>M</u>  | 6. COLOR OR RACE <u>W</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>11/17/75</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Office work</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last birthday) <u>85</u><br>IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  |
| 11a. BIRTHPLACE (City and state or country) <u>Canada</u>  |   | 12. CITIZEN OF WHAT COUNTRY <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>Unknown</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>  | 14. NAME OF HUSBAND OR WIFE <u>Nancy J. Yeates</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |   | 17. INFORMANT Address <u>Nancy J. Yeates Rt. 2 Mt. View, Mo.</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>ARTERIOSCLEROTIC HEART DISEASE 25 MS.</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ |   |   | INTERVAL BETWEEN ONSET AND DEATH   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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.)  |  |
| 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>Oct 1960</u> to <u>9-7-61</u> and last saw him alive on <u>9-7-61</u> .<br>Death occurred at <u>11 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>W. S. [Signature]</u>   |   | 22b. ADDRESS<br><u>Mt. View, Mo.</u>  | 22c. DATE SIGNED<br><u>9-18-61</u>   |
| 23a. BURIAL, CREMATION/REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>9/18/61</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Greenlawn Cemetery</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Mtn. View, Missouri</u>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Duncan Funeral Home Mtn. View, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>9-26-61</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Hubert Green</u>   |

**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

*Charles D. Cantano*

Licensed Embalmer No. 5107

P. O. Address Mt. View

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.