

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000200

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. \_\_\_\_\_ Registrar's No. 5

AMENDED

FILED JAN 30 1962

1. PLACE OF DEATH a. COUNTY <b>Bellinger Co.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Bellinger</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Crooked Creek Township</b>		c. CITY OR TOWN <b>Merquand, Mo.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Merquand, Mo.</b>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Zenith F. Yount</b>		4. DATE OF DEATH Month Day Year <b>Jan. 10 1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3-15-1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Minester Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Minester end farmer</b>	11. BIRTHPLACE (City and state or country) <b>Bellinger Co.</b>
13a. FATHER'S NAME <b>Ezrieh Yount</b>		13b. MOTHER'S MAIDEN NAME <b>Cereline Hensen</b>	14. NAME OF HUSBAND OR WIFE <b>Maekie Lorin Yount</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. INFORMANT Address <b>Mrs. Berney Denman Merquand, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Septicemic Endo.dautis</b> 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) 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			INTERVAL BETWEEN ONSET AND DEATH
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>Jan 1st 1960</u> to <u>Jan 10th 1962</u> and last saw her alive on <u>Jan 7th 1962</u> Death occurred at <u>6 PM JAN 10 1962</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Edw. Crites M.D.</b>		22b. ADDRESS <b>Westgeorchill Mo</b>	22c. DATE SIGNED <b>1/22/62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan. 12, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Methodist Church Cemetery</b>	23d. LOCATION (City, town, or county) <b>Petton, Mo.</b>
24. FUNERAL DIRECTOR <b>Edman Maynard Mo</b>	25. DATE RECD. BY LOCAL REG. <b>1-23/62</b>	26. REGISTRAR'S SIGNATURE <b>Mrs. Buford Crader</b>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Raymond B. Wilson

Licensed Embalmer No. 4884

P. O. Address Fredonicktown, N. J.

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.