MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-032216

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 361

FILED AUG 28 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bismarck — Length of stay in 1b: 4 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Colonial Nursing Home — Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Francois
c. CITY OR TOWN: Leadwood — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: Effie Middle: Mae Last: Yount

4. DATE OF DEATH Month, Day, Year: Aug. 18, 1962

5. SEX: FEMALE **6. COLOR OR RACE:** WHITE **7.** Married ☐ Never Married ☑ Widowed ☐ Divorced ☐ **8. DATE OF BIRTH:** Oct. 2, 1893 **9. AGE** (last birthday): 68 IF UNDER 1 YEAR: Months, Days IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None **10b. KIND OF BUSINESS OR INDUSTRY:** — **11. BIRTHPLACE** (City and state or country): Quaker, Mo. **12. CITIZEN OF WHAT COUNTRY:** U.S.A.

13a. FATHER'S NAME: Foster Yount **13b. MOTHER'S MAIDEN NAME:** Sally Midgett **14. NAME OF HUSBAND OR WIFE:** —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): — **16. SOCIAL SECURITY NO.:** None **17. INFORMANT** Address: Mrs. Isla Welker, Leadwood, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Adeno Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): & pulmonary metastases
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ **20a. ACCIDENT** ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **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 ☐ NOT WHILE AT WORK ☐ **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 June 1962 to Aug 18, 1962 and last saw her alive on July 9, 1962
Death occurred at 10 30 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. A. Huckstep (Degree or title) MD **22b. ADDRESS** Farmington, MO **22c. DATE SIGNED** 8/20/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** Aug. 20, 1962 **23c. NAME OF CEMETERY OR CREMATORY:** Leadwood Cemetery **23d. LOCATION** (City, town, or county) (State): Leadwood, Mo.

24. FUNERAL DIRECTOR: Bert L. Boyer **ADDRESS:** Leadwood, Mo. **25. DATE RECD. BY LOCAL REG.:** Aug 20, 1962 **26. REGISTRAR'S SIGNATURE:** Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

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 Bert L. Boyer

Licensed Embalmer No. 3445

P. O. Address Leadwood Mo.

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.