

FILED MAY 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13058

STATE FILE NUMBER

 Registration District No. 137 Primary Registration District No. 4217 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <u>HEARTZ</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>URICH</u>		Inside Limits Yes No <input type="checkbox"/>	c. CITY OR TOWN <u>URICH TWP. RURAL</u>		Inside Limits Yes No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>at home near north mo.</u>		Length of stay in 1b <u>years</u>	d. STREET ADDRESS (If outside, give location) <u>NEAR URICH</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ROSE</u> Middle <u>LEE</u> Last <u>INGHAM</u>			4. DATE OF DEATH Month <u>5</u> Day <u>2</u> Year <u>1956</u>		
5. SEX <u>FEMALE</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>JAN 23 1865</u>		9. AGE (In years last birthday) <u>91</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeping</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Franklin County Mo.</u>	
13. FATHER'S NAME <u>John D. Yeates</u>			14. MOTHER'S MAIDEN NAME <u>Anne E. Boone</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>John M. Ingham</u> Address <u>mo.</u>	
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>arterio-sclerotic heart disease</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>senile Dementia</u>					<u>4 yr</u>
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)					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>4200</u>		
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 1955</u> and last saw her <u>him</u> alive on <u>4-28-56</u> Death occurred at <u>5:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>R. Walker</u> (Degree or title)		22b. ADDRESS <u>M.D. Clinton Mo</u>		22c. DATE SIGNED <u>5-3-56</u>	
23a. BURIAL (Specify)		23b. DATE <u>April 4, 1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>White Oak</u>	
				23d. LOCATION (City, town, or county) (State) <u>Near Urich MO</u>	
24. FUNERAL DIRECTOR <u>W. J. Brown, Urich mo</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>5-4-56</u>		26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

NOV 5 1907

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. A. Vansant*.....

Licensed Embalmer No. *37*

P. O. Address *Clinton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.