

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036966

STATE FILE NUMBER

FILED OCT 21 1958

Registration District No. 172

Primary Registration District No. 3034

Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Higginsville</b>		c. CITY OR TOWN <b>Higginsville</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <b>12 yrs.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Lawrence</b> Middle <b>Bryan</b> Last <b>Yates</b>		4. DATE OF DEATH Month <b>10</b> Day <b>10</b> Year <b>1958</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 type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>July 8, 1896</b>
9. AGE (In years last birthday) <b>62</b>		10. IF UNDER 1 YEAR Months <b>3</b> Days <b>7</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	
11. BIRTHPLACE (City and state or country) <b>Johnson County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Yates</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Lemons</b>	
14. NAME OF HUSBAND OR WIFE <b>none</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> <b>1918-1921</b>	
16. SOCIAL SECURITY NO. <b>709-12-1373</b>		17. INFORMANT <b>Mrs. Larna Wegener</b>	
Address <b>Independence, 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>Myocardial Infarction</b> DUE TO (b) <b>Arteriosclerotic C.V. Disease</b> DUE TO (c) <b>4201</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cirrhosis</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b>		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 <b>a.m.</b> Month, Day, Year		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY <b>Higginsville, Mo.</b> STATE <b>Missouri</b>	
21. I attended the deceased from Death occurred at <b>4:30 p.m.</b> on <b>10/10/58</b>		and last saw him alive on <b>10/10/58</b> in on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Robert D. Best, M.D.</b>		22b. ADDRESS <b>Higginsville, Mo.</b>	
22c. DATE SIGNED <b>10/12/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>10-12-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>City</b>	
23d. LOCATION (City, town, or country) <b>Higginsville, Missouri</b>		(State)	
24. FUNERAL DIRECTOR <b>Forrest A. Hoefer</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 16. 58</b>	
ADDRESS <b>Higginsville, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Lucie Gordon Jordan</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related.

OCT 22 1958

### 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 Forest R. Hofer

Licensed Embalmer No. 4801

P. O. Address St. Ignace, 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.