

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

1891  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Audrain Registration District No. 26  
 (b) Township Satriver Primary Registration District No. 3002 Registered No. 11  
 (c) City Mexico Mo (d) Street No. Audrain Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Norma Dell Yancey 520  
 (a) Residence, No. 525 Fairground Ave. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 2 min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as Infant  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Mexico, Mo. (STATE OR COUNTRY)

FATHER  
 13. NAME Norburn Yancey  
 14. BIRTHPLACE (CITY OR TOWN) Howard County, Mo. (STATE OR COUNTRY)

MOTHER  
 15. MAIDEN NAME Trecie Jackson  
 16. BIRTHPLACE (CITY OR TOWN) Howard County, Mo. (STATE OR COUNTRY)

17. INFORMANT Norburn Yancey (ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Armstrong, Mo. DATE Jan. 25, 1938

19. FUNERAL DIRECTOR H.A. Precht & Son (ADDRESS) Mexico, Mo.

20. FILER Jan 25, 1938 Blanche Neely Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/25/1938  
 22. I HEREBY CERTIFY, That I attended deceased from 1/25/38, 1938, to 1/25/38, 1938  
 I last saw him alive on 1/25/38, 1938. Death is said to have occurred on the date stated above, at 4 P m.  
 The principal cause of death and related causes of importance were as follows:

*Premature infant  
 congenital ateloidosis - 1/25/38*

Date of onset

Other contributory causes of importance:  
159

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external cause, fill in also the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? 3  
 If so, specify \_\_\_\_\_  
 (Signed) L. J. ... M. D.  
 (Address) Mexico

**RECEIVED  
 FEB 21 1938  
 BUREAU OF VITAL STATISTICS  
 MO. STATE BOARD OF HEALTH**

Note: Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Earl E. Precht, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Precht

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Earl E. Precht*

Licensed Embalmer No. 3189

**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.)**