

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18708

State File No. \_\_\_\_\_

Registration District No. 410

Primary Registration District No. 4243

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Jasper  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Lexington Ave, Jasper Mo  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 1 year 4 mo.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jasper  
(c) City or town Jasper  
(If outside city or town limits, write "RURAL")  
(d) Street No Lexington Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5<sup>th</sup>  
year 1940 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from  
April 30, 1940, to May 5, 1940;  
that I last saw him alive on May 4, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart, with  
auricular fibrillation  
Due to Arteriosclerotic heart disease

Duration  
3 days

Due to \_\_\_\_\_  
Other conditions Acute pyelocystitis  
(Include pregnancy within 3 months of death) 7 days

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 1/2/4  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
855

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature Chas. H. Isbell, Jr. (M. D. or other) M.D.  
Address Jasper Mo Date signed 5/7/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME Milo Henry Yates 320

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Jennie E. Yates 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased July 17 1856  
(Month) (Day) (Year)

8. AGE: Years 83 Months 9 Days 17 If less than one day 2 hr. 4 min.

9. Birthplace Narrows, Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business \_\_\_\_\_  
12. Name Johan Putman Yates  
13. Birthplace New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Josephine Henry  
15. Birthplace Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jennie E. Yates  
(b) Address Jasper Mo

17. (a) Burial (b) Date thereof May 7 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Spring

18. (a) Signature of funeral director Chas. E. Teeter  
(b) Address Jasper Mo

19. (a) May 7 1940 (b) Clara E. Barns  
(Date received local registrar) (Registrar's signature)

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**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.....

*Chas J Teeter*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Chas J Teeter*.....

Licensed Embalmer No. *25166*.....

P. O. Address *Jasper 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 this body is not embalmed, above space should be left blank.**