

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 12 1945

Registration District No. 87

Primary Registration District No. 5217

Registrar's No. 50

1. PLACE OF DEATH:
 (a) County **Cooper**
 (b) City or town **Tipton (Rural) 3 Miles N Tipton**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **None**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: **Life**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Cooper**
 (c) City or town **Tipton; (Rural)**
(If outside city or town limits, write "RURAL")
 (d) Street No. **3 Miles North Tipton, Mo.**
(If rural, give location)
 (e) Citizen of foreign country? **No**
(Yes or No)
 If yes, name country: -----

3. (a) PRINT FULL NAME **John Wesley Yontz**

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

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

6. (b) Name of husband or wife: ----- 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: **September 6 1883**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	3	25	hr. _____ min. _____

9. Birthplace: **Cooper County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: **Farm**

MOTHER FATHER

12. Name: **Lewis Minard Yontz**

13. Birthplace: **Penn.**
(City, town, or county) (State or foreign country)

14. Maiden name: **Jennie Martin**
(City, town, or county) (State or foreign country)

15. Birthplace: **Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **William Yontz**

(b) Address: **Tipton, Missouri**

17. (a) **Burial** (b) Date thereof: **1 - - 1945**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **I.O.O.F. Tipton, Mo.**

18. (a) Signature of funeral director: **James E. Richard**
 (b) Address: **Tipton Mo.**

19. (a) **Jan 5 1945** (b) **Miss Lewis Yontz**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **1st.**
 year **1945** hour **9** minute **40 P.** M.

21. I hereby certify that I attended the deceased from **Dec. 30**, 19**44** to **Jan. 1**, 19**45**
 that I last saw him alive on **Jan 1**, 19**45**
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Diabetes Mellitus**
Diabetic Coma Duration ?
1 day

Due to: **W**
 Due to: _____

Other conditions: **Arterio Sclerosis**
(Include pregnancy within 3 months of death)

with **Hypertension**
 Major findings: **None**
 Of operations: _____

Of autopsy: **None**
 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?
(Specify type of place)
 While at work? _____ (e) Means of injury: _____

23. Signature: **Edgar A. Kelle** (M. D. or other) **X**
 Address: **California** Date signed: **1/3/45**

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

700

1087

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

10-4-40

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 ME

Registered Apprentice No. _____

working under my personal supervision.

Signed James E. Richards

Licensed Embalmer No. 2466

P. O. Address Lepton, Miss

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, fact should be so stated above.