

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4343
Registrar's No. 49

FILED MAR 11 1948

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Prison Hospital 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution xxxxx 46 days
(Specify whether years, months or days) 5 months 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Douglas
(c) City or town Springfield, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2107 Howard
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sherman Yates

3. (b) If veteran, name war Unknown 3. (c) Social Security No. 491-05-3249

4. Sex Male 5. Color or race W 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 October 26 1895
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 3 25 hr. min.

9. Birthplace Buffalo, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Jam Sabor

11. Industry or business _____

12. Name George W. Yates

13. Birthplace Ills
(City, town, or county) (State or foreign country)

14. Maiden name Martha F. Arvis

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Frances Strickland

(b) Address R.E.D. #2, Elkland, Missouri

17. (a) Burial (b) Date thereof Feb-25-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director Thompe Gordon
(b) Address Jefferson City, Missouri

19. (a) 2-24-48 (b) R. P. Harris MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 21
year 1948 hour 9:40 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from January 6, 1948, 19 _____, to February 21, 1948, 19 _____; that I last saw him alive on February 21, 1948, 19 _____; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular disease

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 93D

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0

23. Signature R. P. Harris MD (M. D. or other) 2-21-48
Address Jefferson City Mo Date signed _____

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

MOTHER, FATHER

Date Filed ~~MAR 11 1948~~
District File Number
District Health Officer No. 9,

RECEIVED

MAR 9 1958

MAR 8 1958
MAR 1 2 1948

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

J. N. Houser

Registered Apprentice No. *42*

working under my personal supervision.

Signed

Ferd P. Dulle

Licensed Embalmer No. *3890*

P. O. Address *Jefferson City*

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.

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5-43
X36930

4343
State File No. March
Registrar's No. 49

Registration District No. 77

Primary Registration District No. 3016

1. PLACE OF DEATH:
(a) County Welf
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Sherman Yates
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced s

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

7. Birth date of deceased Oct 26 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 2 Days 5 (If less than one day, _____ min.)

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

10. Usual occupation Farmer & laborer

11. Industry or business Am. Tel. & Elec. Co. 6/45 6/47

12. Name _____

13. Birthplace _____
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) 3-29-48 (b) A. P. Davis M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb Day 7 Year 1948 Hour _____ Minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____; that I last saw him _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____

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? _____
While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

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

Supplemental

Duration _____
Underline the cause to which death should be charged statistically.

4343