

FILED NOV 24 1948

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State-File No. 37262

Registration District No. 180

Primary Registration District No. 5-673

Registrar's No. 75-

1. PLACE OF DEATH:

(a) County LINCOLN
(b) City or town RURAL - MONROE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2 mile WEST OF WINFIELD
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LINCOLN
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 2 mile west of Winfield
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

8. (a) PRINT FULL NAME THOMAS SAMUEL YATES

8. (b) If veteran, name war NO 3. (c) Social Security No. NO

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

6. (b) Name of husband or wife SUSAN YATES 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased MARCH 4 1859
(Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days - If less than one day hr. _____ min. _____

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

10. Usual occupation RETIRED CARPENTER

11. Industry or business _____

12. Name JAMES YATES

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

14. Maiden name UNKNOWN

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

16. (a) Informant SUSAN YATES

(b) Address WINFIELD, MO.

17. (a) BURIAL (b) Date thereof 11-6-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHANY CEM.

18. (a) Signature of funeral director W. J. Lambert

(b) Address ELSBERRY, MO.

19. (a) 11-6-48 (b) P. S. Heumler
(Date received local registrar) (Registrar's signature) 11-31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 4
year 1948 hour 10 minute A.M.

21. I hereby certify that I attended the deceased from Oct. 1
1948 to Nov. 4 1948

that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute uremic poisoning Duration 18 hrs

Due to Carcinoma of prostate 2 yrs.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 5/10

Of autopsy _____

PHYSICIAN
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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 2

Signature Dr. H. T. Kelley (M. D. or other) DO

Address Winfield Mo. Date signed 11-6-48

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 23 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

John Reid

Licensed Embalmer No.

4012

P. O. Address

Edshery, 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.