

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9141

5888

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

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>4299</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINN</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin</u>		d. STREET ADDRESS (If rural, give location) <u>J</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>J</u>				
3. NAME OF DECEASED (Type or Print) <u>Jessie Nichols</u>			a. (First)		b. (Middle)		c. (Last) <u>Yount</u>	
4. DATE OF DEATH		(Month) (Day) (Year)		<u>Mar 16, 1949</u>				
5. SEX <u>male</u>	6. COLOR OF RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Mar 6, 1868</u>		9. AGE (In years last birthday) <u>81</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>DANVILLE, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>FRANK YOUNT</u>			13b. MOTHER'S MAIDEN NAME <u>ELIZA McCREADY</u>			14. NAME OF HUSBAND OR WIFE <u>—</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. L. Yount Marcellus, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>60 hrs</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Oct 21, 1948</u> , to <u>March 16, 1949</u> , that I last saw the deceased alive on <u>Mar. 15, 1949</u> , and that death occurred at <u>1:00 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>B. A. Dinkelberg D.O.</u>				23b. ADDRESS <u>Bucklin Mo.</u>		23c. DATE SIGNED <u>3-17-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 17, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bucklin Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bucklin, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3/17/1949</u>		REGISTRAR'S SIGNATURE <u>St. B. Edwards</u>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sanatzenal Service, Bucklin, Mo.</u>				

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed E. J. Parson

Signed _____
Student Embalmer

Licensed Embalmer No. 4037

P. O. Address Bucklin, 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, fact should be so stated above.