

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41706

State File No.

No. 300
10. 48

FILED JAN 6 1950

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

BIRTH NO. _____		REG. DIST. NO. <u>201</u>		PRIMARY REG. DIST. NO. <u>5736</u>		Registrar's No. _____	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Macon</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta-Lyda</u>		a. STATE <u>MO</u>		b. COUNTY <u>Macon</u>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Atlanta-Lyda</u>		d. STREET ADDRESS (If rural, give location)		_____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>		d. STREET ADDRESS (If rural, give location)		_____	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Sam</u>	b. (Middle) <u>Yetter</u>	c. (Last) <u>Yetter</u>	Month <u>12</u>	Day <u>19</u>	Year <u>49</u>	Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 6-1866</u>	9. AGE (In years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>8</u>	Days <u>18</u>	IF UNDER 24 HRS. Hours <u>18</u>	Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Macon Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Yetter</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ocker</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Morris</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis with Decompensation</u>						<u>1 wk</u>	
ANTECEDENT CAUSES		DUE TO (b) _____					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>45.7.2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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>Dec 18</u> , 19 <u>49</u> , to <u>Dec 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 18</u> , 19 <u>49</u> , and that death occurred at <u>4:00</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Howard Miller</u>				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>12/19/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-25-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Labor</u>		24d. LOCATION (City, town, or county) (State) <u>Atlanta Macon MO</u>	
DATE REC'D BY LOCAL REG. <u>Dec 26-49</u>		REGISTRAR'S SIGNATURE <u>Mrs. O. J. Griffin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. M. Hodding</u>		ADDRESS <u>Atlanta MO</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1/5/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 4391
Date Filed 1/5/50

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

George W. Davalt Student Embalmer No. 347

working under my personal supervision.

Student George W. Davalt
Student Embalmer

Signed H. M. Gooding

Licensed Embalmer No. 17506

P. O. Address Atlanta, 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.