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

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42199

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 451

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) /

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farmington
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Manda b. (Middle) Elvira c. (Last) Yeates

4. DATE OF DEATH (Month) (Day) (Year) Dec. 18, 1949

5. SEX Female /
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH Mar. 27, 1868
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 8 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Stono, Mo. (D)
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Louis Edward Yeates
13b. MOTHER'S MAIDEN NAME Missouri Allen
14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Pearl Yeates, Farmington, Mo. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 7 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility & asteroidosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 450

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1949, *to* Dec 18, 1949, *that I last saw the deceased alive on* Dec 17, 1949, *and that death occurred at* 5:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) L. M. Stanfield DD
23b. ADDRESS Farmington Mo
23c. DATE SIGNED 12/18/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 20, 1949
24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
24d. LOCATION (City, town, or county) (State) Farmington, Mo.

DATE REC'D BY LOCAL REG. Dec. 19, 1949
REGISTRAR'S SIGNATURE Esther Rudloff
25. FUNERAL DIRECTOR'S SIGNATURE C. Acozia ADDRESS Farmington Mo

(Licensed Embalmer's Statement on Reverse Side)

12-27-49

Ecclt Office No. 4

Number 1249-16

d

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.

Student .....
Student Embalmer

Signed C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.