

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12416

No. 300
10.48

280

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 5327 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Bronford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bronford</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keyville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Near Keyville Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>House</u> c. (Last) <u>Yeary</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-5-1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 7-1888</u>
9. AGE (In years last birthday) <u>61</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>Bronford Mo Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>American</u>		13a. FATHER'S NAME <u>Charles M. Gray</u>	
13b. MOTHER'S M maiden name <u>Martina A. Kates</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Yeary</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Gray</u>		ADDRESS <u>Keyville 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Essential Hypertension</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of Uterus</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>		19d. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20. DATE OF OPERATION		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) (Min.)		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>2-6, 1950</u> , to <u>3-17, 1950</u> , that I last saw the deceased alive on <u>3-17, 1950</u> , and that death occurred at <u>8:00 A.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. A. Elders M.D.</u>		23b. ADDRESS <u>Cuba, Mo</u>	
23c. DATE SIGNED <u>4-10-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u>	
24b. DATE <u>4-7-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Keyville Cemetery Keyville Bronford Mo</u>	
24d. LOCATION (City, town, or county) (State) <u>Keyville Bronford Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Jones & Son</u>	
DATE REC'D BY LOCAL REG. <u>4-10-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 76	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J. J. Jones & Son</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1950

RECEIVED 4-15-50
District Health Officer No. 5,
District File Number 4-50 236
Date Filed 4-20-50

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 _____

Harry M. Jones Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Harry M. Jones

Licensed Embalmer No. 7638

P. O. Address Steeleville 796

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.