

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

12670

BIRTH NO. 20764-50 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 360

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>				
b. CITY (If outside corporate limits, write RURAL and give town) <b>Springfield</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Springfield City Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Springfield City Hospital</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARILYN</b>		b. (Middle) <b>MAE</b>		c. (Last) <b>YATES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 15 1950</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify)	<b>Never married</b>	8. DATE OF BIRTH <b>April 15, 1950</b>		9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Springfield, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>William Yates</b>			13b. MOTHER'S MAIDEN NAME <b>Winifred Brown</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Buelah Brown</b>		ADDRESS <b>Springfield, Mo.,</b>		
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				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Congenital atelectasis</b>								<b>1 hour</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b)				
				DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<b>7620</b>
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 <b>April 4, 1950</b> to <b>April 15, 1950</b> , that I last saw the deceased alive on <b>April 14, 1950</b> , and that death occurred at <b>6 P. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Edward Marcus M.D.</b> (Degree or title)				23b. ADDRESS <b>Woodruff Building Springfield, Mo.,</b>		23c. DATE SIGNED <b>4/18/1950</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>4/17/1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Hazelwood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>4-19-50</b>		REGISTRAR'S SIGNATURE <b>W E Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W E Handley</b>		ADDRESS <b>Springfield, Mo.</b>		

**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 \_\_\_\_\_

Licensed Embalmer No. 45810

P. O. Address Springfield, Ct.

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.