

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26552**
Registrar's No. **142**

BIRTH NO.		REG. DIST. NO. 170		PRIMARY REG. DIST. NO. 4194	
1. PLACE OF DEATH a. COUNTY Gentry			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albany		0380
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED a. (First) William b. (Middle) Bernice c. (Last) Yeater			4. DATE OF DEATH (Month) (Day) (Year) August 11, 1950		
5. SEX U Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 12, 1894	9. AGE (to years last birthday) 56	10. UNDER 1 YEAR Months - Days 29
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Restaurant Bakery		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Gentry Co Mo		12. CITIZEN OF WHAT COUNTRY? U.S
13a. FATHER'S NAME W. B. Yeater		13b. MOTHER'S MAIDEN NAME Viola B. Parman	14. NAME OF HUSBAND OR WIFE Lennis		
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 ADDRESS Mrs. W. B. Yeater, Albany, Mo		
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) Gun shot in mouth ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Swindle 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.			INTERVAL BETWEEN ONSET AND DEATH E 976
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Albany Gentry Mo		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 11 - 1950 7A m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Gun shot in mouth		
22. I hereby certify that I attended the deceased from Aug 11, 1950 , to Aug 11, 1950 , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Charles N. Williamson			23b. ADDRESS Gentry Mo	23c. DATE SIGNED Aug 12 - 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 13 - 1950	24c. NAME OF CEMETERY OR CREMATORY Grandview	24d. LOCATION (City, town, or county) (State) Albany, Mo.	
DATE REC'D BY LOCAL REG. Aug 15 - 1950		REGISTRAR'S SIGNATURE Edith Childs		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Clifford Smith Albany Mo	

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



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 me

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Alfred C. Brooke

Licensed Embalmer No. 3329

P. O. Address Albany, 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.