

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27914  
Registrar's No. 141

BIRTH NO. _____		REG. DIST. NO. <u>6</u>		PRIMARY REG. DIST. NO. <u>4451</u>		Registrar's No. <u>141</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Naylor</u>		c. LENGTH OF STAY (In this place) <u>3 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Naylor, Mo.</u> <u>1910</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> b. (Middle) <u>Yates</u> c. (Last) <u>Tyler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11, 1950</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> <u>2</u>		8. DATE OF BIRTH <u>March 26, 1878</u>	
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>4</u>		11. DAYS <u>15</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Calloway Co. Mo.</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Thomas Yates</u>			13b. MOTHER'S MAIDEN NAME <u>Kate Langtry</u>		14. NAME OF HUSBAND OR WIFE <u>John S. Yates</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. L. Young Naylor, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>anginal pectoris</u> ANTECEDENT CAUSES DUE TO (b) <u>with hypertension and</u> DUE TO (c) <u>myocardial degeneration</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		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>Aug 11, 1950</u> , to <u>Aug 11, 1950</u> , that I last saw the deceased alive on <u>8-21-50</u> , 19 <u>50</u> , and that death occurred at <u>6 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. White M.D.</u> (Degree or title)				23b. ADDRESS <u>Naylor Mo.</u>		23c. DATE SIGNED <u>8/11/1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>8-12-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Removal to Fulton, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Fulton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-12-50</u>		REGISTRAR'S SIGNATURE <u>E. O. Johnston</u> <u>277</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gish Funeral Home Naylor, Mo.</u>			

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

RECEIVED

SEP 11 1950

DISTRICT HEALTH OFFICE No. 8

No. ....

OCT 18 1950

DEC 29 1950

SEP 13 1950

SEP 14 1950

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 .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*Sydney McCord*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4079*

P. O. Address *Naylor, 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.