

U.S. No. 300
REV. 10-46

FILED FEB 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1533
Registrar's No. 126-E

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Taney	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRANSON, STAR RT. 1060	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) LULA b. (Middle) JANE c. (Last) YATES			4. DATE OF DEATH (Month) (Day) (Year) FEB 15, 1951
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH about 1921
9. AGE (In years last birthday) about 30		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Novelty Shop-Cafe	
11. BIRTHPLACE (State or foreign country) JOPLIN, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME L. E. WARDEN		13b. MOTHER'S MAIDEN NAME E. LENA SMITH	
14. NAME OF HUSBAND OR WIFE W.S. YATES		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME L.E. WARDEN, ADDRESS BRANSON, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Varicella Endocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocard Pleurisy</u> DUE TO (c) <u>Rheumatic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>congestion Heart Failure</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		410X	
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)	
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>Jan, 9, 1951</u> , to <u>Feb, 15, 1951</u> , that I last saw the deceased alive on <u>Feb, 15, 1951</u> , and that death occurred at <u>5 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Hines</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Springfield Mo.</u>	
23c. DATE SIGNED <u>2-16-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 2/18/51		24c. NAME OF CEMETERY OR CREMATORY BRANSON CEMETERY	
24d. LOCATION (City, town, or county) (State) BRANSON, MO.		DATE REC'D BY LOCAL REG. 2-23/51	
REGISTRAR'S SIGNATURE <u>W. B. Landley MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE H.H. LOHMEYER, ADDRESS BRANSON, MO.	

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

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APR 27 1952

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 Gene Johnson

Licensed Embalmer No. 4734

P. O. Address Springfield, 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.