

FILED FEB 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5518

0740

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

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>4372</u>		Registrar's No. <u>41</u>			
1. PLACE OF DEATH a. COUNTY <u>NODAWAY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NODAWAY</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BURLINGTON JCT</u>		c. LENGTH OF STAY (in this place) <u>7 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BURLINGTON JCT</u>		0740			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME</u>				d. STREET ADDRESS (If rural, give location) <u>HOME</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>JAMES</u> c. (Last) <u>YATES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 8 1951</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 10 1883</u>			
9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR Days <u>7</u> Hours <u>29</u>		IF UNDER 2 HRS. Hours <u>1</u> Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>GROCERY</u>		11. BIRTHPLACE (State or foreign country) <u>BURLINGTON JCT. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>COLUMBUS YATES</u>			13b. MOTHER'S MAIDEN NAME <u>ISABELLE DILL</u>		14. NAME OF HUSBAND OR WIFE <u>MINNIE YATES</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS MINNIE YATES</u>				
					ADDRESS <u>BURLINGTON JCT. 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>								<u>36 hrs.</u>	
ANTECEDENT CAUSES				DUE TO (b) _____					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				<u>4201</u>	
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death. <u>Acute Bronchitis</u>				<u>2 weeks</u>	
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) (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>2-7</u> , 1951, to <u>2-8</u> , 1951, that I last saw the deceased alive on <u>2-8</u> , 1951, and that death occurred at <u>3:15 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. E. Wallace D.O.</u> (Degree or title)				23b. ADDRESS <u>Burlington Jct. Mo.</u>		23c. DATE SIGNED <u>2-10-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OHIO</u>		24d. LOCATION (City, town, or county) (State) <u>BURLINGTON JCT. MO</u>			
DATE REC'D BY LOCAL REG. <u>2-17-51</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Burl Jct Mo</u>		ADDRESS _____			



**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 .....  
Student Embalmer

Student Embalmer No. ....

Signed *J. Hann* .....

Licensed Embalmer No. *2968* .....

P. O. Address *Cambridge, Mass.* .....

**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.