

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33033**

FILED OCT 16 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 119

277

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

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institutions: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Tipton</u>	
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1680</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>FIDELLA (NMI) YONTZ</u>			4. DATE OF DEATH <u>October 5, 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>January 1, 1868</u>		9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	
11. BIRTHPLACE (State or foreign country) <u>Harrisonburg, Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>	

13a. FATHER'S NAME <u>William H. Yontz</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Swires</u>		14. NAME OF HUSBAND OR WIFE <u>---</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>A. C. Yontz, Tipton, Mo.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>SUDDEN</u>	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY SCLEROSIS</u>			5 WEEKS	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>FRACTURE OF THE NECK OF THE LEFT FEMUR</u>				
		DUE TO (c) <u>STARVATION (VOLUNTARY)</u>				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>E9040</u>	

19a. DATE OF OPERATION <u>9-20-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>NAILED LEFT HIP. FRACTURE OF NECK OF LEFT FEMUR</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT X SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>TIPTON MONITEAU MISSOURI</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 15 51/1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>FELL</u>	

22. I hereby certify that I attended the deceased from 9-16, 1951, to 10-5, 1951, that I last saw the deceased alive on 10-5-51, 1951, and that death occurred at 12:05 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>William M.D.</u> (Degree or title)		23b. ADDRESS <u>BOONVILLE, MISSOURI</u>		23c. DATE SIGNED <u>10-6-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 7, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tipton, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>10-7-51</u>		REGISTRAR'S SIGNATURE <u>DeHooper 381</u>		25. FEDERAL DIRECTOR'S SIGNATURE <u>Richard D. Conn</u>		ADDRESS <u>Conn-Conn Funeral Home,</u>	
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RECEIVED OCT 15 1951

DISTRICT HEALTH OFFICE No. 3

District File Number ~~OCT 15 1951~~

Date Filed ~~-----~~

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 *Richard D. Conn* .....

Licensed Embalmer No. *4703*, .....

P. O. Address *Lipton, 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.