

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42676**

FILED JAN 5 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 424

0941  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BONNE TERRE</u> <u>0941</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>212 So. B. St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>212 So. B. St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LEWIS</u> b. (Middle) <u>EDWARD</u> c. (Last) <u>YATES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 22, 1951</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 23, 1866</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 12 HRS. <u>85</u> <u>8</u> <u>29</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>ST. JOSEPH HEADG.</u>	11. BIRTHPLACE (State or foreign country) <u>WENTZVILLE MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>THOMAS R. YATES</u>	13b. MOTHER'S MAIDEN NAME <u>MARY SHEPPERSON</u>	14. NAME OF HUSBAND OR WIFE <u>SUSAN FRANCES YATES</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>NO</u> <u>NO</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>AUSTIN YATES BONNE TERRE MO</u>	
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic coronary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 hours</u> <u>6 mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>thrombosis</u>		
	DUE TO (c) <u>Arteriosclerotic heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Dec. 21, 1951, to Dec. 22, 1951, that I last saw the deceased alive on Dec. 22, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marvin J. Haw, Jr. M.D.</u>	23b. ADDRESS <u>Bonne Terre, Mo.</u>	23c. DATE SIGNED <u>12/24/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC. 24, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BONNE TERRE</u>	24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE MO.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 28, 1951</u>	REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bender &amp; Phillips, Bonne Terre Mo</u>
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File No.

DISTRICT HEALTH OFFICE No. 4

DEC 30 1951

RECEIVED

DEC 29 1951

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 Clarence J. Claywell

Licensed Embalmer No. 3766

P. O. Address Seaside, Ore

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.