

S. No. 300  
V. 10-48

FILED JAN 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3769

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 7

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|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>VERNON</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-WASHINGTON TWP.</u> c. LENGTH OF STAY (In this place) <u>2 DAYS.</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>METZ.</u> <u>10807</u>                                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 MI. NORTH, NEVADA</u>   |  | d. STREET ADDRESS (If rural, give location) <u>MAIN ST.</u>  |  |

|   |                               |  |   |   |   |  |
|---|-------------------------------|--|---|---|---|--|
| 3. NAME OF DECEASED (Type or Print) <u>LIZZIE BELL YEATES.</u><br>a. (First) b. (Middle) c. (Last)            |                               |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN-14-1952.</u> |   |   |  |
| 5. SEX <u>FEMALE</u>  | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED.</u> | 8. DATE OF BIRTH <u>JUNE-27-1859</u>                      | 9. AGE (In years last birthday) <u>92</u>                 | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>14</u> | IF UNDER 1 HR.<br>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>OWN HOME.</u>                     |   | 11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u> |   | 12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u> |

|   |  |                                   |
|---|--|-----------------------------------|
| 13a. FATHER'S NAME <u>SAMUEL MOORE.</u> | 13b. MOTHER'S MAIDEN NAME <u>ANNAM<sup>C</sup> LAUGHLIN.</u> | 14. NAME OF HUSBAND OR WIFE _____ |
|---|--|-----------------------------------|

|   |                                      |  |
|---|--------------------------------------|--|
| 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 ADDRESS <u>Carl Yeates - Metz, Mo.</u> |
|---|--------------------------------------|--|

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|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH <u>YEARS</u> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE C.V.R. DISEASE</u>   |  |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>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>443X</u> | 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) _____ | 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 JAN 14, 1952 to JAN 14, 1952 that I last saw the deceased alive on JAN 14, 1952 and that death occurred at 5:56 p.m., from the causes and on the date stated above.

|   |                                 |                                     |
|---|---------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Anna J. Ferry</u> | 23b. ADDRESS <u>Nevada, Mo.</u> | 23c. DATE SIGNED <u>JAN 16 1952</u> |
|---|---------------------------------|-------------------------------------|

|  |                              |  |  |
|--|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u> | 24b. DATE <u>JAN-17-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>RIDER CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>BATES COUNTY, MO.</u> |
|--|------------------------------|--|--|

|   |  |  |
|---|--|--|
| DATE REC'D BY LOCAL REG. <u>1-17-1952</u> | REGISTRAR'S SIGNATURE <u>Anna J. Ferry</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Booth Funeral Home, Rich Hill, Mo.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

801

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**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 John G Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.