

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15317

State File No.

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

FILED MAY 2 - 1952

BIRTH NO. _____		REG. DIST. NO. <u>328335</u>		PRIMARY REG. DIST. NO. <u>4492</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>SCOTT</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN</u>		c. LENGTH OF STAY (In this place) <u>2 WKS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ORAN</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ORAN</u>				d. STREET ADDRESS (If rural, give location) <u>ORAN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>RUBY</u>		b. (Middle) <u>IRENE</u>		c. (Last) <u>YANT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 12 1952</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY 4 1921</u>	
9. AGE (In years last birthday) <u>30</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. 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		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>WILEY DUBAR</u>		13b. MOTHER'S MAIDEN NAME <u>MAUDE JOHNSON</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN WESLEY YANT</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOHN WESLEY YANT</u>		ADDRESS <u>ORAN, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of breast</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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>170x</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) (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>April, 1951</u> , to <u>4/12</u> , 1952, that I last saw the deceased alive on <u>4-1</u> , 1952, and that death occurred at <u>1:30A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. D. Urban M.D.</u>				23b. ADDRESS <u>Sikeston</u>		23c. DATE SIGNED <u>4-16-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 13 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>SIKESTON MO.</u>	
DATE REC'D BY LOCAL REG. <u>4-22-52</u>		REGISTRAR'S SIGNATURE <u>Miss Freda B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Smith</u>		ADDRESS <u>ORAN, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED APR 26 1955

SCOTT COUNTY HEALTH CENT

CO. FILE NO. 452-11

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 Ed J. Smith

Licensed Embalmer No. 2676

P. O. Address Crow 916

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.