

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39527
State File No.

FILED DEC 15 1952

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5287 Registrar's No. 97

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| 1. PLACE OF DEATH a. COUNTY <u>Mississippi</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Charleston (Rural)</u>) c. LENGTH OF STAY (in this place) <u>3 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>0629</u> OR TOWN <u>Charleston (Rural)</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 2</u> | | d. STREET ADDRESS (If rural, give location) <u>Route 2</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Lonnie</u> b. (Middle) _____ c. (Last) <u>Yow</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 6, 1952</u> | | |
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| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>Oct. 15, 1889</u> | 9. AGE (In years last birthday) <u>63</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>21</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | 11. BIRTHPLACE (State or foreign country) <u>Wolf Island, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Warren Yow</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Bowden</u> | 14. NAME OF HUSBAND OR WIFE _____ |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____ | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Callie Williams</u> ADDRESS <u>500 S. Locust, Charleston, 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, asthma, 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>UNKNOWN NATURAL CAUSES.</u> | | |
| | ANTECEDENT CAUSES No medical attention while suffering a severe cold. Possibly had pneumonia. Found dead in bed morning December 6, 1952. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 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) _____ | 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 AS CORONER ONLY, 1952, to 1952, that I last saw the deceased alive on 12-6-52, and that death occurred at 6:00 Am., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>Charleston, Mo</u> | 23c. DATE SIGNED <u>12-6-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec. 10, 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-9-52</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Sparks</u> ADDRESS <u>Charleston, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 11 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed DEC 12 1952

DEC 17 1952

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 Frank Sparks
Licensed Embalmer No. 3455

P. O. Address Capitola, 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.

Wm. L. G. F.