

FILED MAR 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9511

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 235-C

1. PLACE OF DEATH a. COUNTY <u>Stroene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cook</u>	
b. CITY OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>12 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Hope</u> <u>0840</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Village</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Missie</u> b. (Middle) <u>Grant</u> c. (Last) <u>Yates</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 4 1953</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 4 1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Yates</u>	
13b. MOTHER'S MARDEN NAME <u>Jane Thompson</u>		13c. NAME OF HUSBAND OR WIFE <u>Ellen Yates</u>	
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>Mrs. Grant Yates</u>		17. ADDRESS <u>Pleasant Hope</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, athenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH 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. <u>4200</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____ m. _____		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>4 Febt</u> , 19 <u>53</u> , to <u>4 March</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>4 March</u> , 19 <u>53</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Stanley J. Peterson M.D.</u>		23b. ADDRESS <u>Springfield, Mo</u>	
23c. DATE SIGNED <u>10 March 53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 8 1953</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hope</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hope Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-21-53</u>		REGISTRAR'S SIGNATURE <u>Fritz Williams</u> <u>County Registrar</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Challard B. Brown</u>		ADDRESS <u>Pleasant Hope Mo</u>	

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

6960

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 Howard P. Erwin

Licensed Embalmer No. 3092

P. O. Address Ballwin, 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.