

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13681

State File No.

FILED MAY 9 1953

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 120

0264
1

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

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>618 Edmonds 0264</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>618 Edmonds</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Nicholas</u> c. (Last) <u>Yates</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2-1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 3-1905</u>		9. AGE (In years last birthday) <u>47</u>		10. IF UNDER 1 YEAR Days <u>11</u> IF UNDER 12 HRS. Min. <u>29</u>	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Shoe Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>International Shoe Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Blount Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Frank Yates</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Yates</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Grace Yates - 618 Edmonds - J.C. 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-Pneumonia</u> ANTECEDENT CAUSES <u>Postcardinal Tuberculosis, Pulmonary, bilateral</u> DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>3 yrs.</u>
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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)		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 4-14-1953 to 5-1-1953 that I last saw the deceased alive on 5-1-1953 and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edward R. Bolner</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>5-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 3-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview</u>	
		24d. LOCATION (City, town, or county) (State) <u>Cole County Mo</u>			

DATE REC'D BY LOCAL REG. <u>May 4 53</u>		REGISTRAR'S SIGNATURE <u>R. O. Danner</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Anderson-James - J. C. Mo</u>	
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JAN 4 1957

MAY 11 1953

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.....

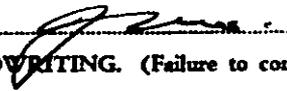
..... Student Embalmer No.

..... working under my personal supervision.

Student
Student Embalmer

Signed..... 

Licensed Embalmer No. 3641

P. O. Address..... 

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.