

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16481

State File No. ....

FILED APR 29 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 543 Registrar's No. 1128

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings

c. LENGTH OF STAY (in this place) 8 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 9342 Hathaway drive

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

a. STATE St. Louis

b. COUNTY St. Louis

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jennings 4138

d. STREET ADDRESS (If rural, give location) 9342 Hathaway drive

3. NAME OF DECEASED

a. (First) Mrs. Elizabeth

b. (Middle) Yowell

c. (Last) Yowell

4. DATE OF DEATH (Month) (Day) (Year) 4-14-53

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 5-25-1870

9. AGE (In years last birthday) 82

IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_

IF UNDER 12 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Stoutsville, Mo

12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME unknown Woodson

13b. MOTHER'S MAIDEN NAME Martha Ann Warren

14. NAME OF HUSBAND OR WIFE Henry Yowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Phillip Yowell, Jennings, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Hypertensive heart disease

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. Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

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) 443X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 11/23/13, 19  , to 4/14/53, 19  , that I last saw the deceased alive on 4/7/53, 19  , and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank R. Demuth, M.D.

23b. ADDRESS 8330 Jennings

23c. DATE SIGNED 4/14/53

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 4-16-53

24c. NAME OF CEMETERY OR CREMATORY \_\_\_\_\_

24d. LOCATION (City, town, or county) (State) Paris, Mo.

DATE REC'D BY LOCAL REG. 4-20-53

REGISTRAR'S SIGNATURE Harbert R. Demuth, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed-Blakey, Paris, Mo.

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

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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 M. W. Ruster

Licensed Embalmer No. 4865

P. O. Address St Louis 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.