

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25358

State File No. ....

FILED JUL 16 1953

BIRTH NO. ....		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5568</u>		Registrar's No. <u>277</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> b. CITY OR TOWN <u>Atherton</u> c. LENGTH OF STAY (in this place) <u>90 days</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>New Mexico</u> b. COUNTY <u>Rural Blue</u> c. CITY OR TOWN <u>Gallup</u> d. STREET ADDRESS <u>Crown Point Reservation</u>			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Willie</u> c. (Last) <u>YAZZIE</u>			4. DATE OF DEATH <u>July 4 1953</u>		5. SEX <u>Male</u>		
6. COLOR OR RACE <u>Indian</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Unknown</u>		9. AGE (in years last birthday) <u>20</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Track Worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe Railroad</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Crown Point Reservation</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Jaun P. Yazzie</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Mariano Yazzie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>728-01-8030</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillie M. Yazzie, Crown Point Reservation</u> ADDRESS <u>Crown Point Reservation</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Crushed Skull Crushed</u> <u>Legs &amp; Abdomen</u>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull Crushed</u> *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Legs &amp; Abdomen</u> 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>Muscular Infection</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		E802 X 35	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, etc.) <u>Public Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Jackson</u> <u>723</u> <u>MO</u>		21d. TIME OF INJURY <u>7-4-53</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Run Over by Tractor</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Hugh A. Owens, Coroner</u>				23b. ADDRESS <u>1034 Prairie Bldg</u>		23c. DATE SIGNED <u>7-6-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/11/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>7-11-53</u>		REGISTRAR'S SIGNATURE <u>Frank E. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>		ADDRESS <u>Independ., Mo.</u>	

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

1001  
3

**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 Richard R. Francis

Licensed Embalmer No. 4863

P. O. Address Indy, 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.