

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4229

State File No.

FILED MAR 1 1954

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	c. LENGTH OF STAY (in this place) <u>21 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marquand (Rural)</u> <u>0090</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Raymond</u> b. (Middle) <u>Albert</u> c. (Last) <u>Yount</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2/20/54</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>4/15/1916</u>	9. AGE (In years last birthday) <u>37</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>3</u>
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>Flat River, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>

13a. FATHER'S NAME <u>Noah Yount</u>		13b. MOTHER'S MAIDEN NAME <u>Pearl Kelley</u>		14. NAME OF HUSBAND OR WIFE	
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>489-26-3416</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Pearl Yount-Marquand, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertension</u> <i>Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last.</i>		
	DUE TO (c) <u>Myocardial Failure</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>Diabetes Mellitus, Gastric Hemorrhage</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>593x</u>		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) (Min.)	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 Jan. 30, 1954, to Feb. 20, 1954, that I last saw the deceased alive on Feb. 20, 1954, and that death occurred at 2:17 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. Newell D.O.</u>		23b. ADDRESS <u>28 S. Spanish, Cape Gir., Mo.</u>	23c. DATE SIGNED <u>2/24/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/24/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Bollinger County, Missouri</u>

DATE REC'D BY LOCAL REG. <u>2-24-54</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Joe B. Howell Cape Gir.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 W. H. Estus _____

Licensed Embalmer No. 3568 _____

P. O. Address Cape Hill Ms. _____

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.