

FILED JUL 7 1954

STANDARD CERTIFICATE OF DEATH

21908

State File No.

1100
1

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

BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6247 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Bretton Twp. 7 yrs</u>		c. LENGTH OF STAY (in this place) <u>7 yrs</u>	
c. CITY OR TOWN <u>Rural-Bretton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Mineral Point</u>		e. STREET ADDRESS (If rural, give location) <u>Near Mineral Point</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Ellis</u> c. (Last) <u>Yough</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 2 1954</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>Jan. 1 1904</u>
9. AGE (in years last birthday) <u>50</u>	10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Shoe worker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charlie Yough</u>	13b. MOTHER'S MAIDEN NAME <u>Melvina Todd</u>	14. NAME OF HUSBAND OR WIFE <u>Florence Yough</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Yough Mineral Point 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>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Lung</u> DUE TO (c) <u>Right Lung</u> 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>163 X</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)	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>3/1</u> , 19 <u>54</u> , to <u>7/2</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/1</u> , 19 <u>54</u> , and that death occurred at <u>12:10 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>L. P. Howell M.D.</u>		23b. ADDRESS <u>Paris Mo</u>	23c. DATE SIGNED <u>7/7/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-4-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Howell Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Washington Co Mo</u>
DATE REC'D BY LOCAL REG. <u>7/6/54</u>	REGISTRAR'S SIGNATURE <u>H. Brant</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Luther Sparks Paris Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

JUL 6 1954

WASH. COUNTY HEALTH DEPT.

File No. _____

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JUL 6

WASH. COUNTY HEALTH DEPT.

File No. _____

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 _____
Signature of Student Embalmer

Signed *Murphy L Sparks*

Licensed Embalmer No. *4236*

P. O. Address *St. Paul, Minn.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.