

FILED DEC 14 1954 STANDARD CERTIFICATE OF DEATH

State File No. 38098

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

BIRTH NO. _____ REG. DIST. NO. 4348 PRIMARY REG. DIST. NO. 233 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellsville	
c. LENGTH OF STAY (in this place) 43 years		d. STREET ADDRESS (If rural, give location) 407 1st Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 407 1st street			

3. NAME OF DECEASED (Type or Print) a. (First) ODIS	b. (Middle) D.	c. (Last) YELTON	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 11 1880	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 1 Days 28	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Grocery Mgr. Grocery Business		10b. KIND OF BUSINESS OR INDUSTRY Kentucky		11. BIRTHPLACE (State or foreign country) Kentucky		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Julius Yelton	13b. MOTHER'S MAIDEN NAME Anna Ernst	14. NAME OF HUSBAND OR WIFE Lelia Yelton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 494-09-0869-A	17. INFORMANT'S SIGNATURE OR NAME Mrs Lelia Yelton, Wellsville Mo	ADDRESS Wellsville Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 5 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Disease		5 years
	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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1-11**, 19**49**, to **12-9-**, 19**54**, that I last saw the deceased alive on **12-9-**, 19**54**, and that death occurred at **10:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or Title) MD	23b. ADDRESS Wellsville Mo	23c. DATE SIGNED 12-11-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/12/54	24c. NAME OF CEMETERY OR CREMATORY Wellsville City Cem.	24d. LOCATION (City, town, or county) (State) Wellsville, Missouri
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DATE REC'D BY LOCAL REG. 12-12-54	REGISTRAR'S SIGNATURE W.S. Romano Jr.	425	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Wellsville Mo
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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 R. B. Helbo

Licensed Embalmer No. 1588

P. O. Address Wellsville, Pa.

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.