

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 39673
Registrar's No. 2596

BIRTH NO. _____ REG. DIST. NO. 717 PRIMARY REG. DIST. NO. 500

1. PLACE OF DEATH

a. COUNTY **ST LOUIS**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **BRECKENRIDGE HILLS 6 YRS**

c. LENGTH OF STAY (in this place) **6 YRS**

d. FULL NAME OF HOSPITAL OR INSTITUTION **3321 ROYALTON**

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

a. STATE **MISSOURI** b. COUNTY **ST LOUIS**

c. CITY OR TOWN **BRECKENRIDGE HILLS**

d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **3321 ROYALTON**

3. NAME OF DECEASED

a. (First) **ORMINDA** b. (Middle) **SARAH** c. (Last) **YATES**

(Type or Print)

4. DATE OF DEATH **11-8-54**

(Month) (Day) (Year)

5. SEX **FEMALE**

6. COLOR OR RACE **WHITE**

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

8. DATE OF BIRTH **APRIL 14 1884**

9. AGE (In years) **70**

If UNDER 1 YEAR: Months _____ Days _____

If UNDER 1 YEAR: Hours _____ Min. _____

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

10b. KIND OF BUSINESS OR INDUSTRY **AT HOME**

11. BIRTHPLACE (City and State or Foreign Country) **PARAGOULD ARKANSAS**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **WESTWOOD SANDERS**

13b. MOTHER'S MAIDEN NAME **NORA PAYNE**

14. NAME OF HUSBAND OR WIFE **RILEY EVANS YATES DECEASED**

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. **NONE**

17. INFORMANT'S SIGNATURE OR NAME **RICHARD YATES** ADDRESS **3321 ROYALTON**

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) **Cerebral Occlusion**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) **Hypertension**

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH **1 day**

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)

4201

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 **Sept 8, 1954** to **Nov 8, 1954**, that I last saw the deceased alive on **Nov 8, 1954** and that death occurred at **8:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Henry W. Koller M.D.**

23b. ADDRESS **2438 Woodson Rd**

23c. DATE SIGNED **11-8-54**

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

24b. DATE **NOV 8 1954**

24c. NAME OF CEMETERY OR CREMATORY **Val Halla**

24d. LOCATION (City, town, or county) (State) **PAGEONE MISSOURI**

DATE REC'D BY LOCAL REG. **11/9/54**

REGISTRAR'S SIGNATURE **[Signature]**

25. FUNERAL DIRECTOR'S SIGNATURE **[Signature]** ADDRESS **9109 Oakland**

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Earl Williams*

Licensed Embalmer No. *350*

P. O. Address *Overland*

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.