

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41589**

BIRTH NO. _____ REG. DIST. NO. **175** PRIMARY REG. DIST. NO. **3036** Registrar's No. **93**

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AURORA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora 05-51	
d. FULL NAME OF HOSPITAL OR INSTITUTION 218 N. Elliott		d. STREET ADDRESS (If rural, give location) 218 N. Elliott Elliott	
3. NAME OF DECEASED (Type or Print) a. (First) Ruby		b. (Middle) F	
c. (Last) Yost		4. DATE OF DEATH (Month) (Day) (Year) DEC. 18, 1954	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 2 - 1882
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (City and State or Foreign Country) McDONALD COUNTY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Selma Payne		13b. MOTHER'S MAIDEN NAME Helen E. Bluso	
14. NAME OF HUSBAND OR WIFE William Yost		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 32-15-2000		17. INFORMANT'S SIGNATURE OR NAME William Yost ADDRESS	
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) Coronary Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis 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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4500	
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 12-16, 1954 to 12-18, 1954 that I last saw the deceased alive on 12-18, 1954 and that death occurred at 1:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Stuart C. Ross, M.D.		23b. ADDRESS Aurora, Mo.	
23c. DATE SIGNED 12-22-54		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE DEC. 20, 1954		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY	
24d. LOCATION (City, town, or county) (State) MARIONVILLE, MO.		DATE REC'D BY LOCAL REG. 1-5-55	
REGISTRAR'S SIGNATURE Ora Mcnatt 157		25. FUNERAL DIRECTOR'S SIGNATURE Russ L. Rank ADDRESS Aurora, Mo.	

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

APR 8 1956

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____

Orson L. Marsh

Licensed Embalmer No. *3812*

P. O. Address *Lawrence 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.