

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 15 1955

BIRTH NO. REG. DIST. NO. 4348 PRIMARY REG. DIST. NO. 233 Registrar's No. 4

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 town) Wellsville		c. CITY (If outside corporate limits, write RURAL and give township) Wellsville 0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7th Street		d. STREET ADDRESS (If rural, give location) 7th Street 0	

3. NAME OF DECEASED (Type or Print) a. (First) JULIUS	b. (Middle) ELMER	c. (Last) YELTON	4. DATE OF DEATH (Month) (Day) (Year) Feb. 10 1955
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 27 1883
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 0 Days 14	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of week before death) Electric Plick Worker		10b. KIND OF BUSINESS OR INDUSTRY Pug Mill Op.	11. BIRTHPLACE (State or foreign country) Benton City, Audrain County U. S.
12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME Charles T. Yelton	13b. MOTHER'S MAIDEN NAME Missouri F. Smith	14. NAME OF HUSBAND OR WIFE Mrs. Rhoda B. 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 # 497-10-752 <sup>NP</sup>	17. INFORMANT'S SIGNATURE OR NAME Mrs. J. B. Yelton	18. 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.	MEDICAL CERTIFICATION		19. INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary stenosis</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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"/>
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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) 151X
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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 12-21 1954, to 2-10 1955, that I last saw the deceased alive on 2-5 1955, and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>D. J. [Signature]</i>	(Degree or title)	23b. ADDRESS Wellsville Mo	23c. DATE SIGNED 2-12-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/13/55	24c. NAME OF CEMETERY OR CREMATORY Wellsville Cemetery	24d. LOCATION (City, town, or county) (State) Wellsville Missouri
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DATE REC'D BY LOCAL REG. 12-12-55	REGISTRAR'S SIGNATURE W.S. Romano Jr.	425	25. FUNERAL DIRECTOR'S SIGNATURE J.B. Kelly	ADDRESS Wellsville Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

700  
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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 A. B. Kullo

Licensed Embalmer No. 1588

P. O. Address Kellerville, 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.