

FILED FEB 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4032
Registrar's No. 211

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph
c. LENGTH OF STAY (in this place) 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Parkview at Sunnyslope
3225 S. 11th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) R. R. #2 0110

3. NAME OF DECEASED (Type or Print) Charles C. Yates
a. (First) Charles b. (Middle) C. c. (Last) Yates
4. DATE OF DEATH (Month) (Day) (Year) February 21, 1955

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH April 9, 1879 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. rural mail carrier
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) DeKalb County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME George W. Yates 13b. MOTHER'S MAIDEN NAME Sarah Riley 14. NAME OF HUSBAND OR WIFE Chloe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Chloe Yates, R.R. #2, St. Joseph, Mo. ADDRESS

18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolus
INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
DUE TO (b) Coronary occlusion 5 weeks
DUE TO (c) Arteriosclerotic heart disease 8 years
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis generalized

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 4200 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)

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 1-28, 1947, to 2-21, 1955, that I last saw the deceased alive on 2-21, 1955, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE Irwin Breenthal M.D. (Degree or title) 23b. ADDRESS St. Joseph, Mo. 23c. DATE SIGNED 2-22-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2/23/1955 24c. NAME OF CEMETERY OR CREMATORY Union Chapel Cemetery 24d. LOCATION (City, town, or county) (State) DeKalb County, Missouri

DATE REC'D BY LOCAL REG. Feb 24, 1955 REGISTRAR'S SIGNATURE 485 Esther M. Allison 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Weston - Bowman St. Joseph, Mo.

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

4

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..... Eugene Wood

Licensed Embalmer No. 380

P. O. Address 319 So 10th St

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.