

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17941**

FILED JUN 27 1955

BIRTH NO.		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>24</u>			
1. PLACE OF DEATH a. COUNTY <u>CAMDEN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CAMDEN</u>					
b. CITY OR TOWN <u>RURAL OSAGE TWP</u>		c. LENGTH OF STAY (In this place) <u>2 YRS.</u>		c. CITY OR TOWN <u>OSAGE TWP OSAGE MO</u>		d. Is Residence within limits of a city or incorporated town? <u>Yes</u> <input type="checkbox"/> <u>No</u> <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>12 MILES EAST CAMDENTON</u>				e. STREET ADDRESS (If rural, give location) <u>12 MILES EAST OF CAMDENTON</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>BETTIE</u>			b. (Middle) <u>JANE</u>		c. (Last) <u>YELTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 18 1955</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JUNE 8 1876</u>		9. AGE (In years) (last birthday) <u>79</u> <input type="checkbox"/> <u>0</u> <input type="checkbox"/> <u>10</u> <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TEACHER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>EDUCATION</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>JOHNSON COUNTY MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>DAVID WOODRUFF</u>			13b. MOTHER'S MAIDEN NAME <u>FRANCES ANN GALT</u>			14. NAME OF HUSBAND OR WIFE <u>JOHN R YELTON SR.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO ONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>LOUISA WITHROW</u> ADDRESS <u>OSAGE BEACH MO</u>					
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) <u>Overwhelming Toxemia</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 month</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Primary Carcinoma of Liver.</u> DUE TO (c) <u>Chronic</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>155X</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) m.		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 <u>8-18</u> , 19 <u>45</u> , to <u>6-18</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-17</u> , 19 <u>55</u> , and that death occurred at <u>9:40 AM</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>R. Dale Attenberg DO</u>				23b. ADDRESS <u>Camdenton Mo</u>		23c. DATE SIGNED <u>6-20-55</u>			
24a. BURIAL, CREMATION (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 20 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET HILL Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>WARRENSBURG MO</u>			
DATE REC'D BY LOCAL REG. <u>June 20-1955</u>		REGISTRAR'S SIGNATURE <u>Zilpha Draw</u> <u>42-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. R. Stevenson</u> ADDRESS <u>Stoner Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

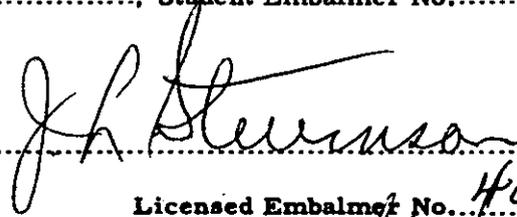
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....



Licensed Embalmer No. *460*

P. O. Address..... *Stover*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.