

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 28 1956

7757

State File No.

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Shelby		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Shelby	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Shelbina	c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Shelbina	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		STREET ADDRESS (If rural, give location) 1020	

3. NAME OF DECEASED (Type or Print) a. (First) Ottie	b. (Middle) Lee	c. (Last) Yost	4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH April 11, 1880
9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and State or Foreign Country) Shelbina, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Dr. Jacob H. Yost	13b. MOTHER'S MAIDEN NAME Sarah Jane Weaver	14. NAME OF HUSBAND OR WIFE None
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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 NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Kate Chambers, Shelbina, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Adenocarcinoma of Bladder		INTERVAL BETWEEN ONSET AND DEATH do not know
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Epithelioid adenocarcinoma of bladder & Cholelithiasis		
	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 155X	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)
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 Jan 31, 1956, to Feb 14, 1956, that I last saw the deceased alive on Feb 19, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Glades Bauer M.D.	(Degree or title)	23b. ADDRESS Shelbina, Mo	23c. DATE SIGNED Feb 21, 1956
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 22, 1956	24c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery	24d. LOCATION (City, town, or county) (State) Shelbina, Missouri
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DATE REC'D BY LOCAL REG. 2-24-56	REGISTRAR'S SIGNATURE Ada Garrison	419-0	25. FUNERAL DIRECTOR'S SIGNATURE E. Hayes	ADDRESS Shelbina, Mo.
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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..... *Paul S. Hayes*

Licensed Embalmer No. 4461

P. O. Address Shelbina, M

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.